FEC

STATEMENT OF

FORM 1	ORGANIZATION	ا ا	
i Oiliwi i	(See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name Examp is changed) over the	ole: If typying, type lines 12FE4N	15
NH-01 CONGR	ESSIONAL VICTORY COMMITTEE		
ADDRESS (number and s	264 N. Lumpkin St #202		
(Check if address			
is changed)	Athens	GA GA	30601 -
	CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAII	ADDRESS (Please provide only one e-mail address		
(Check if address is changed)	REVERSETHEVOTE@GMAIL.	COM	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
(Check if address	1		
is changed)			
2. DATE M M 1.2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C004	70492	
4. IS THIS STATEM		AMENDED (A)	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowledge and b	belief it is true, correct and complete	
,	•	,	
Type or Print Name of	reasurer Paul Kilgore		
Signature of Treasurer	Electronically Filed by Paul Kilgore		0 9
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the ANY CHANGE IN INFORMATION SHOL		
Office			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Office Use Only		or further information contact: ederal Election Commission oll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)

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5.	TYPE OF Co	OMMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete th information below.)	e candidate
	Name of Candidate		
	Candidate Party Affiliati	on Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comn		
	(d)		
	Political Act	tion Committee (PAC):	One) is a principal campaign committee. (Complete the candidate information below.) is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate is an authorized committee.) Office
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
		Corporation Corporation w/o Capital Stock Lab	or Organization
		Membership Organization Trade Association Cod	pperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	ising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Com	mittees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2. FEC ID number C	
		3. FEC ID number C	
		EEC ID number C	

TREASURER

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W	rite or Type Committee Name			
	NH-O1 CONGRESSION	AL VICTORY COMMITTEE		
6.	Name of Any Connected Org	ganization, Affiliated Committee, Joint Fundraising	Representative, or Leader	ship PAC Sponsor
Ш	REVERSE THE VOTE VIC	TORY COMMITTEE		
		264 N. Lumpkin St #202		
	Mailing Address			
		Athens	GA L	30601
		CITY	STATE 🛕	ZIP CODE
	Relationship: Connected Organization	Affiliated Committee X Joint Fundr	aising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Idea possession of Committee Full Name	entify by name, address, (phone number optibooks and records.	ional), and position of the	e person in
	Title or Position ▼	CITY A	STATE &	ZIP CODE 1
_	- 1311			
8.		and address (phone number optional) of the designated agent (e.g., assistant treasurer).	treasurer of the commit	ee; and the
	Full Name of Treasurer Paul K	ilgore		
	Mailing Address	264 N. Lumpkin St #202		
		Athens	GA	30601
	Title or Position ♥	CITY A	STATE	ZIP CODE A

706

Telephone number

534

7780

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
		elephone number	
9. Banks or Other Depos safety deposit boxes or r Name of Bank, Depositor	maintains funds.	he committee deposits funds, ho	lds accounts, rents
S	unTrust Bank		
Mailing Address	PO Box 4418		
	Atlanta	GA [30302
	CITY 🗖	STATE 4	ZIP CODE 🛕
Name of Bank, Deposito	ory, etc.		
Mailing Address			
	CITY 🗖	STATE △	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the commi-	ttee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	, rando.		[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leade	[ADDITIONAL] ership PAC Sponsor
Mailing Address	P.O. Box 877		
	Manchester	NH	03105
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Rep	presentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			_
Title or Position ▼	CITY A	STATE ∆	ZIP CODE A
	Telepho	one number	
Joint Fundraiser Participant			[ADDITIONAL]
	FE	EC ID number	