Only

## STATEMENT OF

PAGE 1 / 5 =

FORM 1		OF	RGAN	IZA	TIO	N												
													Offi	ce Us	e On	y		
1. NAME OF COMMITTEE (ir	n full)		neck if name changed)	e	Exampover the			type		121	FE4	M5	_					
Libertad														1 1				
ADDRESS (number a	nd street)	824 S Mille	edge Ave Ste	101	1 1 1	1 1	1 1	1 1	ı	1 1	1	1 1	ı	1 1	ı	1 1		. 1
(Check if a	•																	
is changed	d)	Athens								. GA			3060	)5				
		CIT	Y <b>A</b>							STA	` ΓΕ <b>Δ</b>	L		)3 	ZII	_]-[ P CO	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	SS																
X ◀ (Check if a is changed		libertad@	pdscompliar	nce.com														
			econd E-Ma		ess													
		admin@pd:	scompliance.c	com														
COMMITTEE'S WEB	PAGE ADD	RESS (URI	_)															
(Check if a is changed		I 1 1 1	1 1 1 1				1 1											1 I
is onange.	-,																	
2. DATE 02	2 05		024															
3. FEC IDENTIFIC	CATION NU	MBER <b>&gt;</b>	C	C007	737270													
4. IS THIS STATEM	MENT	NEW (I	N) <b>O</b>	R	×	AMI	ENDEI	D (A)										
certify that I have e	examined this	s Statement	and to the	best of	my kno	owledg	e and	belief	it is	true	, cor	rect a	and	comp	olete			
Type or Print Name	of Treasurer	Kilgore, Pa	aul, , ,															
Signature of Treasure	er Kilgore	e, Paul, , ,								Date		02	1	05	5	/ <u>Y</u>	2024	
NOTE: Submission of	false, erroned		nplete inform											enali	ties o	of 52	U.S.C.	§30109
Office Use					F	or furthe	lection	Commi					l			<b>ORI</b>		

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(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 the information below.)	candidate
	Name of Candidate ''','','','','	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biotriot
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(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 Labor Org	anization
	Membership Organization Trade Association Cooperation	/e
	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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	5).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) 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
	(j) 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
	Committees Participating in Joint Fundraiser	
	1. C	

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٧	Irite or Type Committee Name		
	Libertad		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
	GIMENEZ VICTORY	COMMITTEE	
	Mailing Address	824 S MILLEDGE AVE STE 101	
		ATHENS   GA   30605	
		30005	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative L	eadership PAC Sponso
	_		
	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possessic	on of committee
	Kilgore, Pa	ul, , ,	
	ruii Naille	<sub>1</sub> 824 S Milledge Ave Ste 101	
	Mailing Address	524 6 Milliedge 7 Ve Ste 161	
		1	
		Athens GA 30605	.  _
	Till and Destition	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	700	
	Treasurer	Telephone number	534 7780
i.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
	Full Name Kilgore, Pa	ul, , ,	
	of Treasurer		
	Mailing Address	824 S Milledge Ave Ste 101	
		1	
		Athens   GA   30605	
		3000	
		CITY ▲ STATE ▲	ZIP CODE A
	Title or Position ▼		
	Treasurer	706   Telephone number	534   -   7780

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Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA L	30605
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur		number 7	706 - 534 - 7780
	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits f	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Classic City Bank		
Mailing Address	2365 W Broad St		
	Athens	GA	30606
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		,	
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	ndraising Representativ	e, or Leadership PAC Spons
GIMENEZ, CARLO	)\$, , , 		
Mailing Address	1421 SW 107TH AVE #236		
-			
	MIAMI	, , ,   FL	33174
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	alive A Leadership FAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		ative X Leadership PAC Sp
			Leadership FAC Sp
esignated Agent: Identi			Leadership FAC Sp
esignated Agent: Identi			Leadership FAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in while aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in while aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in while aintains funds.	STATE A  Telephone Number	ZIP CODE A