Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Emmer for Congress PO Box 279 ADDRESS (number and street) (Check if address is changed) Elk River 55330 MNCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS tomemmer@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.emmerforcongress.com (Check if address is changed) DATE 2023 C00545749 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kilgore, Paul,, Date 12 04 2023 Signature of Treasurer Kilgore, Paul, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Έ	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 Emmer, Thomas, Earl, , Jr.	
	Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State MN District 06
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diction 00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	tc.) 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 Cooperative	⁄e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) 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	).
	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	

J	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
۷	Vrite or Type Committee Name			
	Emmer for Cong			
6.	_	rganization, Affiliated Committee, Joint	Fundraising Representat	ive, or Leadership PAC Sponsor
	EMMER VICTORY C	OMINITTEE 		
	Mailing Address	824 S Milledge Ave, Ste 101		
	•			
		ATHENS	, GA	30605
	_	CITY ▲	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Repres	sentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number opt	tional) and position of the pe	erson in possession of committee
	Kilgore, Pa	ul, , ,		
	Full Name			
	Mailing Address	824 S Milledge Ave Ste 101		
		Athens	ı ı GA	30605
	Title or Decition —	CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			706 524 7790
	Treasurer		Telephone number	706 534 7780
8.	any designated agent (e.g., a	,	the treasurer of the commi	ittee; and the name and address of
	Full Name Kilgore, Pa of Treasurer	ul, , ,		
	McTr. Address	824 S Milledge Ave Ste 101		
	Mailing Address			
		Athens	GA	30605
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	706 - 534 - 7780

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Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA 30	605
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasurer	Tele	phone number 706	534 7780
	positories: List all banks or other depositories in which the or maintains funds.	e committee deposits funds,	holds accounts, rents
Name of Bank, Dep	ository, etc.		
LV	Vells Fargo		
Mailing Address	2015 3rd Avenue		
	Anoka	MN 553	303
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Dep	ository, etc.		
	Classic City Bank		
Mailing Address	2365 W Broad St		
	Athens	GA 306	06
	CITY ▲	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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1					
2.			FEC ID	number	С
			FEC ID	number	С
3			FEC ID	number	C
4.			FEC ID	number	С
Name of Any Connecte	d Organization, Affiliated	I Committee, Joint F	undraising Repi	esentative	e, or Leadership PAC Spon
TEAM EMMER					
Mailing Address	824 S MILLEDGE AV	E 			
	STE 101				
	ATHENS			_GA 	30605
Relationship:		CITY A		STATE A	ZIP CODE ▲
	Affiliation Affiliation Affiliation		Joint Fundraising	Representa	Leadership PAC S
				Representa	Leadership PAC S
esignated Agent: Ident				Representa	Leadership PAC S
Pesignated Agent: Ident				Representa	Leadership PAC S
esignated Agent: Ident				Representa	Leadership PAC S
esignated Agent: Ident	tify by name, address (pho		ul)	Representa	ZIP CODE A

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
_	I Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Sponse
EMMER MAJORITY	BUILDERS		
Mailing Address	824 S. MILLEDGE AVE. STE. 101		
	ATHENS	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
riolationomp.			
Connecte		oint Fundraising Represent	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Jo	oint Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Jo		
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Journal of the state	STATE A	
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or management of the content	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite tafety deposit boxes or management of the content of the conten	Affiliated Committee X Journal of the state	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Mailing Address  Banks or Other Deposite Mailing Address or Mailing Address  Sanks or Other Deposite Mailing Address or Mailing Address	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee X Journal of the position	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee X Journal of the position	STATE A Telephone Number	ZIP CODE A