

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Emmer for Congress

ADDRESS (number and street)

PO Box 279

☐ (Check if address is changed)

Elk River

CITY ▲

MN

STATE ▲

55330

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

tomemmer@pdscompliance.com

Optional Second E-Mail Address

admin@pdscompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.emmerforcongress.com

2. DATE

MM / DD / YYYY
12 / 04 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00545749

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ 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, , ,

Signature of Treasurer Kilgore, Paul, , ,

Date

MM / DD / YYYY
12 / 04 / 2023

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

Emmer for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

EMMER VICTORY COMMITTEE

Mailing Address

824 S Milledge Ave, Ste 101

ATHENS

GA

30605

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Kilgore, Paul, , ,

Mailing Address

824 S Milledge Ave Ste 101

Athens

GA

30605

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

706

534

7780

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Kilgore, Paul, , ,

Mailing Address

824 S Milledge Ave Ste 101

Athens

GA

30605

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

706

534

7780

Full Name of
Designated
Agent

Goode, Michael, , ,

Mailing Address

824 S Milledge Ave Ste 101

Athens

GA

30605

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

706

534

7780

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo

Mailing Address

2015 3rd Avenue

Anoka

MN

55303

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Classic City Bank

Mailing Address

2365 W Broad St

Athens

GA

30606

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**TEAM EMMER

Mailing Address

824 S MILLEDGE AVE

_____STE 101

_____ATHENS

_____GA

_____30605

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank, Wings Financial Credit Union
Depository, etc. _____

Mailing Address

14985 Glazier Avenue

_____Apple Valley

_____MN

_____55124

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

EMMER MAJORITY BUILDERS

Mailing Address

824 S. MILLEDGE AVE. STE. 101

ATHENS

GA

30605

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **First Virginia Community Bank**

Mailing Address

2500 Wilson Blvd Ste 100

Arlington

VA

22201

CITY ▲

STATE ▲

ZIP CODE ▲