Image# 10931262276

FEC

STATEMENT OF

FORM 1	ORGANIZATIO	ON		
1 Ottom 1	(See instructions)		Of	ffice use only
NAME OF COMMITTEE (in f	(Check if name Ex is changed) over	ample: If typying, type er the lines	12FE4M5	
NY-01 CONGR	ESSIONAL VICTORY COMMITTEE			
ADDRESS (number and s	264 N. Lumpkin St #202			
(Check if address				
is changed)	Athens		LGA L	30601
	CITY	•	STATE	ZIP CODE 📥
COMMITTEE'S E-MAI	ADDRESS (Please provide only one e-mail add			
(Check if address is changed)	REVERSETHEVOTE@GMA	AIL.COM		
a sharges,				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address	/ (OTIE)			
is changed)				
2. DATE 1.2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	C CO	00470518		
4. IS THIS STATEM	ENT NEW (N) OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my knowledge a	and belief it is true, correct and	d complete	
•		,	·	
Type or Print Name of	reasurer Paul Kilgore			
Signature of Treasurer	Electronically Filed by Paul Kilgore		Date 09	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject ANY CHANGE IN INFORMATION S			of 2 U.S.C. §437g.
Office		For further information c		
Use Only		Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC F	Form 1 (Revised 02/2009)	Page 2	
5.	TYPE OF C	OMMITTEE (Check One)		
	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 Affiliati	ion 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	nittee:		
	(d)		Democratic, epublican,etc.) Party.	
	Political Ac	tion Committee (PAC):		
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	organization is a:	
		Corporation Corporation w/o Capital Stock Labor	r Organization	
		Membership Organization Trade Association Coop	perative	
		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 full committee. (i.e., nonconnected committee)	und 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	aising Representative:		
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political	
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or modern committees/organizations, none of which is an authorized committee of a federal candidate.	nore political	
	Com	nmittees Participating in Joint Fundraiser		
		1. FEC ID number C		
		2. FEC ID number		
		3. FEC ID number		
		EEC ID number C		

TREASURER

	FEC Form 1 (Revised 0)	2/2009)		Page 3
W	rite or Type Committee Name			
		AL VICTORY COMMITTEE		
6.				
	REVERSE THE VOTE VIO	TORY COMMITTEE		
				1 1 1 1 1 1 1
	Mailing Address	264 N. Lumpkin St #202		
		Athens	GA L	30601
		CITY▲	STATE ≜	ZIP CODE
	Relationship: Connected Organization	Affiliated Committee X Joint Fur	ndraising Representative	eadership PAC Sponsor
7.	Custodian of Records: Ide possession of Committee Full Name	entify by name, address, (phone number o books and records.	ptional), and position of the	person in
	Title or Position ♥	CITY A	STATE A elephone number	ZIP CODE A
8.		and address (phone number optional) of to designated agent (e.g., assistant treasurer)		e; 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

FEC Form 1 (Revised 02/2009)			Page 4	
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 maintain	List all banks or other depositories in which the commiss funds.	ittee deposits funds, ho	ds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
· ·			
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	nnization, Affiliated Committee, Joint Fundraising Rep	oresentative, or Leade	[ADDITIONAL rship PAC Sponsor
Mailing Address	PO BOX 657		
	STONY BROOK	LNY L	11790
lationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Re	presentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ∆	ZIP CODE A
	Teleph	one number	
Joint Fundraiser Participant			[ADDITIONAL]
	FE	EC ID number	