FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mercuri for Congress 3000 Village Run Rd ADDRESS (number and street) Ste 103-300 (Check if address is changed) Wexford 15090 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address mercuri@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00848150 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 06 20 2024 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	the candidate
Name of Candidate Mercuri, Robert, W, ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State PA District 17
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	ntic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
۷	Vrite or Type Committee Name		
	Mercuri for Cong		
3.	-	ganization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
	GROW THE MAJOR		
	Mailing Address	228 S WASHINGTON ST STE 115	
		ALEXANDRIA VA 2	22314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in po	essession of committee
	Kilgore, Pa	١, , ,	
	Full Name		
	Mailing Address	824 S Milledge Ave	
		Ste 101	
		Athens GA 3	0605
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	706 Telephone number	_ 534 _ 7780
3.	any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	the name and address of
	Full Name Kilgore, Pa	.1),,,	
	Mailing Address	824 S Milledge Ave	
	ag / taalooc	Ste 101	
		Athens GA 3	30605
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	706 Telephone number	_ 534 7780

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S Milledge Ave		
	Ste 101		
	Athens	GA	30605
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treas	ırer	one number 706	
Banks or Other safety deposit b	Depositories: List all banks or other depositories in which the coxes or maintains funds.	committee deposits fund	ds, holds accounts, rents
Name of Bank,	Depository, etc.		
	First Commonwealth Bank		
Mailing Address	12449 Perry Hwy		
	Wexford	PA L	15090
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	Chain Bridge Bank	<u> </u>	
Mailing Address	1445 A Laughlin Ave		
	McLean		22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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(h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
WAR VETERANS F	UND 2024 		
Mailing Address	PO BOX 26141		
			<u> </u>
	ALEXANDRIA	VA	22313
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represente	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, Forbri	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	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 Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or manual deposit boxes or manual deposit boxes.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which raintains funds. ght Bank	STATE A	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 Ories: List all banks or other depositories in which raintains funds. Ght Bank 4445 Willard Ave	STATE A	ZIP CODE A

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

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(h). Joint Fundraisi	ing i ai dolpant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
_	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	824 S MILLEDGE AVE		
	STE 101		
Relationship:	ATHENS CITY A	GA STATE ▲	30605 ZIP CODE ▲
	*··· —		
Designated Agent: Identi	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE	Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional) CITY		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or management of the position of the po	fy by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY CITY Cries: List all banks or other depositories in which aintains funds. C City Bank	STATE A	ZIP CODE A

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

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h). Joint Fundrais	3		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Rob Mercuri Victory	-		· · · · · · · · · · · · · · · · · · ·
Mailing Address	824 S Milledge Ave		
	Ste 101		
	Athens	GA L	30605
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X Joint Joi	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		oint Fundraising Represent	ative Leadership PAC Sp
Connect esignated Agent: Ident		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		pint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	cories: List all banks or other depositories in whinaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	cories: List all banks or other depositories in whinaintains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A

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

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or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
PENNSYLVANIA VIC	CTORY FUND 2024		
Mailing Address	228 S WASHINGTON STREET		<u> </u>
	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee X Join	t Fundraising Representa	ative Leadership PAC Sponso
Full Name			1 1 1 1 1 1 1 1 1 1 1
Mailing Address	1		
		1 1 . 1	1
	CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	•	1	1=1 1=1
		elephone Number	
safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	the committee deposits	s funds, holds accounts, rents
Name of Bank, Depository, etc.			
Mailing Address			