STATEMENT OF

FORM 1	ORGANIZA (See instructions			Office use only
1. NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5	Office use only
NY-23 CONGF	RESSIONAL VICTORY COMMITTEE	<u> </u>		
ADDRESS (number and	264 N. Lumpkin St #2	02		
(Check if address is changed)	Athens		GA	30601
		CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	IL ADDRESS (Please provide only one e-m REVERSETHEVOTE@			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if addres is changed)				
2. DATE 1.2				
3. FEC IDENTIFICA	TION NUMBER	C00470534		
4. IS THIS STATEM	MENT NEW (N) OR	X AMENDED (A)	
I certify that I have exam Type or Print Name of	ned this Statement and to the best of my know Treasurer Paul Kilgore	rledge and belief it is true, corre	ect and complete	
Signature of Treasure	Electronically Filed by Paul Kilgor	re	Date 09	/ D D J J J Z D J O
NOTE: Submission of fa	lse, erroneous, or incomplete information may		·	
Office Use Only		For further informa Federal Election Cor Toll Free 800-424-90	nmission	FEC FORM 1 (Revised 02/2009)

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5.	TYPE OF CO	DMMITTEE (Check One)	
	Candidate C	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.)	ne candidate
	Name of Candidate		
	Candidate Party Affiliati	on 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 Comm	nittee:	
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Act	tion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		Corporation Corporation w/o Capital Stock Lal	oor Organization
		Membership Organization Trade Association Co	ooperative
		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)	d 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.)	
	Joint Fundra	ising Representative:	
	(g)	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
	(h)	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.	r more political
	Com	mittees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number	
		3. FEC ID number	
		EEC ID number	

TREASURER

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W	rite or Type Committee Name	·		
	NY-23 CONGRESSIONA	L VICTORY COMMITTEE		
6.			Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor COMMITTEE 264 N. Lumpkin St #202 Athens CITY STATE ZIP CODE Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponsor name, address, (phone number optional), and position of the person in and records. CITY STATE ZIP CODE Telephone number Telephone number Telephone number optional) of the treasurer of the committee; and the	
	REVERSE THE VOTE VIC	TORY COMMITTEE		
	Mailing Address	264 N. Lumpkin St #202		
		Athens	GA L	30601
		CITY▲	STATE A	ZIP CODE
	Relationship: Connected Organization	Affiliated Committee X Joint	Fundraising Representative	Leadership PAC Sponsor
7.	possession of Committee Full Name Mailing Address	books and records.		
	Title or Position ▼	CITY A		ZIP CODE 1
			'	
8.		and address (phone number optional) designated agent (e.g., assistant treasur		tee; 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

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Full Name of Designated Agent						
Mailing Address						
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A			
	Tel	lephone number				
9. Banks or Other Deposito safety deposit boxes or ma	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds.					
Name of Bank, Depository	ame of Bank, Depository, etc.					
Su	nTrust Bank					
Mailing Address	PO Box 4418					
	Atlanta	GA	30302			
	CITY 🗖	STATE⊿	ZIP CODE 🛕			
Name of Bank, Depository	v, etc.					
Mailing Address						

Banks or Other Depositories: safety deposit boxes or maintain		ittee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	- 		
	CITY 🛕	STATE_	ZIP CODE 🛕
Name of Any Connected Orga DOHENY FOR CONGRES	anization, Affiliated Committee, Joint Fundraising Re	presentative, or Leade	[ADDITIONAL rship PAC Sponsor
Mailing Address	107 Court Street		
-	PO Box 257		
	Watertown	NY	13601
ationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Re	presentative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telepr	one number	
Joint Fundraiser Participant			[ADDITIONAL]
	<u></u>	EC ID number	