FEC FORM 1

STATEMENT OF ORGANIZATION

FOF	RM 1		O	RGANI	ZATIO	N									
				(See instru	ctions)						Office (use only			
1. NAME COMM	E OF MITTEE (i	n full)		(Check if name is changed)		mple: If typ the lines	ying, type	1	2FE4	M5					
WI-08	в сопс	RESSIO	YAL VICTO	RY COMMIT	TEE										Ш
ш			ш		ш		ш	Ш						ш	
ADDRESS	number ar	d street)	264 N	I. Lumpkin S	t #202		ш						ш	ш	
,	eck if addre nanged)	ss	Ather	ns				 	ĢA			 30601]-L		Ш Ш
					CITY▲			ST	ATE.			ZIP C	ODE 4	_	
(Che	EE'S E-Meck if addrest			provide only one				1 1	1 1			1 1	<u> </u>		
COMMITT	EE'S WE	B PAGE A	DDRESS (UI	∃ L)											
,	eck if addre nanged)	ss						1 1	11	11			<u> </u>		
2. DATE	M 1	м / г	0 0 7 Y	2009°											
3. FEC II	DENTIFIC	ATION N	JMBER		C CO	470369									
4. IS TH	IS STATE	MENT	NEW	(N) OF	R X	AME	NDED (A)								
I certify that	I have exa	mined this \$	Statement and	to the best of my	knowledge a	nd belief it is	true, correc	ct and co	mplete						
Type or Pri	int Name o	of Treasure	er P	aul Kilgore											
Signature o	of Treasur	er El <u>ec</u> t	ronically Filed	by Paul Ki	lgore			Dat	te [0 9 0	/ [15	Y	2 0	1 0 ·
NOTE: Subi	mission of	false, erron		plete information								U.S.C.	§437g.		
	Office Use Only					Federal El Toll Free 8	er information ection Comm 300-424-953 -694-1100	mission	act:			EC F			

	FEC F	Form 1 (Revised 02/2009)	Page 2
5.	TYPE OF CO	OMMITTEE (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 information below.)	the candidate
	Name of Candidate		
	Candidate Party Affiliati	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	ed organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association C	Cooperative
		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 segregate committee. (i.e., nonconnected committee)	ed 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	aising Representative:	
	(g)	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
	(h)	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
	Com	mittees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2. FEC ID number	
		3. FEC ID number	
		EEC ID number	

TREASURER

FE	C Form 1 (Revised 02	/2009)		Page 3
Write or Ty	pe Committee Name			
WI-08	CONGRESSIONA	L VICTORY COMMITTEE		
		anization, Affiliated Committee, Joint Fundraisin	ng Representative, or Leader	ship PAC Sponsor
REVER	RSE THE VOTE VIC	TORY COMMITTEE		
		264 N. Lumpkin St #202		
Mailing	Address			
		Athens	GA L	30601
		CITY▲	STATE ▲	ZIP CODE
Relation Co	nship: onnected Organization	Affiliated Committee X Joint Fund	draising Representative	Leadership PAC Sponsor
posses	ssion of Committee	ntify by name, address, (phone number op books and records.		e person in
Title or	Position ∀	CITY A	STATE &	ZIP CODE 13
		and address (phone number optional) of the designated agent (e.g., assistant treasurer).		ee; and the
Full Na of Trea	Davil I/	ilgore		
Mailing	Address	264 N. Lumpkin St #202		
		Athens	GA	30601
Title or	Position ♥	CITY A	STATE A	ZIP CODE A

706

Telephone number

534

7780

Full Name of Designated Agent Mailing Address Title or Position ▼ CITY A STATE A ZIP CODE A Telephone number
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ———————————————————————————————————
Telephone number – –
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.
SunTrust Bank PO Box 4418
Mailing Address
Atlanta
<u> </u>
CITY △ STATE △ ZIP CODE △
CITY △ STATE △ ZIP CODE △
CITY A STATE A ZIP CODE A Name of Bank, Depository, etc.
CITY A STATE A ZIP CODE A Name of Bank, Depository, etc.
CITY A STATE A ZIP CODE A Name of Bank, Depository, etc.

Banks or Other Depositories: safety deposit boxes or maintain	List all banks or other depositories in which the commi s funds	ittee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE_	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Rep	presentative, or Leade	[ADDITIONAL rship PAC Sponsor
Mailing Address	PO BOX 7200		
	APPLETON	WI L	54912
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Rep	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	