Image#	10990709336
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in t	(Check if name Example: If typying, type over the lines	12FE4M5
	ESSIONAL VICTORY COMMITTEE	
ADDRESS (number and s	1 1 1 1 1 1 1 264 N. Lumpkin St #202 itreet)	
X (Check if address is changed)	Athens	 GA30601
	CITY	STATE ZIP CODE
(Check if address is changed)	PAGE ADDRESS (URL)	
I certify that I have examination of Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, correct and Treasurer Paul Kilgore	
Signature of Treasurer	Electronically Filed by Paul Kilgore	Date 05 21 21 2010
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

	Form 1 (Revised 02/2009)	Page 2
	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. (Complet information below.)	e the candidate
Name of Candidate	1	
Candidate	Office	State
Party Affiliat		
		District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of		
Candidate		
Party Comn	nittee:	
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political Ac	tion 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	Cooperative
		·
(f)	In addition, this committee is a Lobbyist/Registrant PAC.	
x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ated 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.)	
laint Eurolus		
Joint Fundra	aising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. L _

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

(h)

1.	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C

FEC Form 1 (Revised 02/2009)	
Write or Type Committee Name	

PA-11 CONGRESSIONAL VICTORY COMMITTEE

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

Mailing Address	264 N. Lumpkin S	t #202	
	Athens	GA	30601 _
	CITY	STATE	ZIP CODE
Relationship: Connected Organizat	tion Affiliated Committee	X Joint Fundraising Representati	ve Leadership PAC Sponsor
	Identify by name, address, (phone in the books and records.	number optional), and positi	ion of the person in
Full Name			
Mailing Address			
Title or Position ▼	СІТҮ 🛦	STATE	 E& ZIP CODE &
	me and address (phone number o any designated agent (e.g., assistan		committee; and the
Full Name of Treasurer Pau	ıl Kilgore		
Mailing Address	264 N. Lumpkin S	St #202	
	Athens	GA	30601
Title or Position ♥	CITY A	STATE	ZIP CODE A
TREAS	SURER	Telephone number	706 _ 534 _ 7780

FEC Form 1 (Rev	<i>v</i> ised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼		STATE 🛦	ZIP CODE 🛦
	Tele	ephone number –	=
Banks or Other Depos	sitories: List all banks or other depositories in which the	committee deposits funds, holds	accounts, rents
safety deposit boxes or r Name of Bank, Deposito	maintains funds.	committee deposits funds, holds	accounts, rents
safety deposit boxes or r Name of Bank, Deposito	maintains funds. ory, etc.	committee deposits funds, holds	accounts, rents
safety deposit boxes or r Name of Bank, Deposito	maintains funds. ory, etc. GunTrust Bank	committee deposits funds, holds	accounts, rents
safety deposit boxes or r Name of Bank, Deposito	maintains funds. ory, etc. GunTrust Bank		
safety deposit boxes or r Name of Bank, Deposito	maintains funds. ory, etc. SunTrust Bank PO Box 4418 L L L L L L L L L L L L L L L L L L L		
safety deposit boxes or r Name of Bank, Deposito	maintains funds. ory, etc. SunTrust Bank PO Box 4418 		 30302 [
safety deposit boxes or r Name of Bank, Deposito	maintains funds. ory, etc. SunTrust Bank PO Box 4418 Atlanta CITY A ory, etc.		 30302 [
safety deposit boxes or r Name of Bank, Deposito	maintains funds. ory, etc. SunTrust Bank PO Box 4418 Atlanta CITY A ory, etc.		
safety deposit boxes or r Name of Bank, Deposito Mailing Address	maintains funds. ory, etc. SunTrust Bank PO Box 4418 Atlanta CITY A ory, etc.		
safety deposit boxes or r Name of Bank, Deposito Mailing Address	maintains funds. ory, etc. SunTrust Bank PO Box 4418 ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		

FEC Form 1 (Revised 02/2009)																Page 5																			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. Name of Bank, Depository, etc.															Lj]																			
								1										1	1					1									1		1

Mailing Address					
	Ĺ				
	Ĺ				
		CITY 🗖		STATE	ZIP CODE
Name of Any Co	nnected Orga	nization, Affiliated Committee,	Joint Fundraising Repre	sentative, or Leader	[ADDITIONAL] ship PAC Sponsor
	TA FOR COI	NGRESS			
Mailing Address		P.O. BOX 128			
		Hazleton		PA	18201 18201 - L. I.
Relationship:		CITY	L	STATE 🛦	ZIP CODE 🛦
Connected Organi	ization	X Affiliated Committee	Joint Fundraising Repre	esentative Lea	dership PAC Sponsor
Designated Ager	nt				[ADDITIONAL]
Full Name					
Mailing Address	6				
Title or Position	¥	СІТҮ	A	STATE	
			Telephon	e number	
Joint Fundraiser	Participant				[ADDITIONAL]
			FEC	ID number C	