Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Guy for Congress P.O. Box 23177 ADDRESS (number and street) (Check if address is changed) Pittsburgh 15222 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS guyforcongress@pdscompliance.com (Check if address X is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.guyforpa.com (Check if address is changed) DATE 30 2017 C00657833 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 01 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

| FEC For | orm 1 (Revised 02/2009) Page | e 2 |
|----------------------|--|----------------|
| TYPE OF CO | COMMITTEE | |
| Candidate | e 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 the cainformation below.) | andidate |
| Name of Candidate | Reschenthaler, Guy, , Mr., | |
| Candidate | Office State | PA |
| Party Affiliation | ion REP Sought: X House Senate President District | 14 |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Com | nmittee: | |
| (d) | This committee is a (National, State (Democratic Republican, | • |
| Political Ad | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization | nization is a: |
| | Corporation Corporation w/o Capital Stock Labor Org | ganization |
| | Membership Organization Trade Association Cooperation | ve |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee. (i.e., nonconnected committee) | nd 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 Fund | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more p committees/organizations, at least one of which is an authorized committee of a federal candidate. | olitical |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more p committees/organizations, none of which is an authorized committee of a federal candidate. | olitical |
| Comr | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | | |

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|---|---|----------------------------|
| Write or Type Committee N | | - 0 |
| Guy for Cong | ress | |
| 6. Name of Any Connecte | ed Organization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| RESCHENTHALER | R VICTORY FUND | |
| | C/O RED CURVE SOLUTIONS | |
| Mailing Address | 138 CONANT ST., 2ND FLOOR | |
| | BEVERLY | 01915 |
| | CITY STATE | ZIP CODE |
| Custodian of Records: | Affiliated Committee Joint Fundraising Representative Joint Fundraising | |
| books and records. | | |
| Kilgor Full Name | e, Paul, , , | |
| Mailing Address | 824 S Milledge Ave Ste 101 | |
| | Athens | ,30605 |
| | Attens | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 5 - 534 - 7780 |
| Treasurer: List the name any designated agent (e. | e and address (phone number optional) of the treasurer of the committee; ar g., assistant treasurer). | nd the name and address of |
| Full Name Kilgore of Treasurer | e, Paul, , , | |
| Mailing Address | 824 S Milledge Ave Ste 101 | |
| | | |
| | Athens GA CITY STATE | 30605 ZIP CODE |
| Title or Position Treasurer | 706 | 534 7780 |

| Full Name of Designated Agent | Goode, Michael, , , | |
|---|---|-------------------|
| Mailing Address | 824 S Milledge Ave Ste 101 | |
| | | |
| | Athens GA 30605 CITY STATE | ZIP CODE |
| Title or Position Assistant Treasure | er | 534 - 7780 |
| safety deposit boxe | Depositories: List all banks or other depositories in which the committee deposits funds, hold: es or maintains funds. | 3 accounts, rents |
| safety deposit boxe Name of Bank, De | es or maintains funds. | a decounts, rems |
| safety deposit boxe Name of Bank, De | es or maintains funds. epository, etc. | |
| safety deposit boxe Name of Bank, De | es or maintains funds. epository, etc. Chain Bridge Bank, N.A. | accounts, rents |
| safety deposit boxe Name of Bank, De | es or maintains funds. epository, etc. Chain Bridge Bank, N.A. | |
| safety deposit boxe Name of Bank, De | es or maintains funds. epository, etc. Chain Bridge Bank, N.A. 1445A Laughlin Avenue | ZIP CODE |
| safety deposit boxe Name of Bank, De | es or maintains funds. epository, etc. Chain Bridge Bank, N.A. 1445A Laughlin Avenue McLean VA 22101 CITY STATE | |
| Safety deposit boxe Name of Bank, De Mailing Address Name of Bank, De | es or maintains funds. epository, etc. Chain Bridge Bank, N.A. 1445A Laughlin Avenue McLean VA 22101 CITY STATE | |
| Safety deposit boxe Name of Bank, De Mailing Address Name of Bank, De | es or maintains funds. epository, etc. Chain Bridge Bank, N.A. 1445A Laughlin Avenue McLean CITY STATE Epository, etc. | |
| Safety deposit boxe Name of Bank, De Mailing Address Name of Bank, De | es or maintains funds. epository, etc. Chain Bridge Bank, N.A. 1445A Laughlin Avenue McLean CITY STATE Epository, etc. Cadence Bank | |
| Safety deposit boxe Name of Bank, De Mailing Address Name of Bank, De | es or maintains funds. epository, etc. Chain Bridge Bank, N.A. 1445A Laughlin Avenue McLean CITY STATE Epository, etc. Cadence Bank | |