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. Fischbach for Congress PO Box 190 ADDRESS (number and street) (Check if address is changed) Litchfield MN55355 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address fischbach@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.fischbachforcongress.com (Check if address is changed) DATE 2019 C00717959 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 09 26 2025 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

E	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 the information below.)	candidate
	Name of Candidate Fischbach, Michelle, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State MN District 07
	(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 Republican,	
	Political Action 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 Labor On	rganization
	Membership Organization Trade Association Cooperate	tive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I 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 PA	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	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
	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.	more political
	Committees Participating in Joint Fundraiser	
	1	

I	FEC Form 1 (Revised 0)	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	Fischbach for Co	ngress	_	_
6.	-	ganization, Affiliated Committee, Joint Fundrais	ing Representative, or Le	eadership PAC Sponsor
	FISCHBACH VICTOR	RY FUND		
	Mailing Address	824 S MILLEDGE AVE		
	ag / taal.ccc	STE 101		
		ATHENS	, GA , 3	30605
		OITV. A		710 0005 4
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint F	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	ossession of committee
	Full Name Kilgore, Par	ıl,,, 		
	Moiling Address	824 S Milledge Ave Ste 101		
	Mailing Address			
		Athens	LL GA 3	80605
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		phone number 706	_ 534 7780
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasussistant treasurer).	irer of the committee; and	the name and address of
	Full Name Kilgore, Par	۸,,,		
	of Treasurer			
	Mailing Address	824 S Milledge Ave Ste 101		
		Athens	GA 3	80605
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telep	phone number 706	_ 534 7780

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Full Name of Designated Goode, I Agent LI	Michael, , ,		
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA L	30605
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasurer		Telephone number 706	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in whaintains funds.	ich the committee deposits fund	ds, holds accounts, rents
Name of Bank, Depository,	etc.		
Truist			
Mailing Address	2200 Wilson Blvd., Ste 100		
	Arlington	VA L	22201
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	, etc.		
Classic	C City Bank		
Mailing Address	2365 W Broad St.		
	Athens	GA L	30606
	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 Participant:			
1.		FEC	ID number	С
2.		FEC	ID number	С
3		FEC	ID number	C
4		FEC	ID number	С
Name of Any Connected	Organization, Affiliated Committee,	Joint Fundraising F	Representativ	e, or Leadership PAC Spons
IRON LADIES PAC				
Mailing Address	PO BOX 341027			
	AUSTIN		L	78734
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee		sing Represent	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee		sing Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi	d Organization Affiliated Committee		sing Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	d Organization Affiliated Committee		sing Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee Ty by name, address (phone number -			
Connecte Designated Agent: Identi Full Name	Affiliated Committee Ty by name, address (phone number -		STATE A	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee Ty by name, address (phone number -		STATE A	
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Depositional tests of the deposit boxes or mailing the safety deposit boxes o	Affiliated Committee Ty by name, address (phone number -	- optional) Telephone	STATE A Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee Ty by name, address (phone number - CITY CITY Pries: List all banks or other depositor aintains funds. I Bank	- optional) Telephone	STATE A Number	ZIP CODE A

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

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(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	P.O. Box 183		
Relationship:	Hudson CITY A	WI WI STATE ▲	54016 ZIP CODE ▲
		oint Fundraising Representa	
Full Name	1		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITIO	N V	I	
		Talambana Niumban	
		Telephone Number	
safety deposit boxes or n	tories: List all banks or other depositories in which		s funds, holds accounts, rents
Name of Bank, Center Depository, etc.	tories: List all banks or other depositories in which naintains funds. Pr National Bank 301 N Ramsey Ave	ch the committee deposits	
Name of Bank, Center Depository, etc.	tories: List all banks or other depositories in which naintains funds.		s funds, holds accounts, rents

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

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(h). Joint Fundraisi	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
lome of Any Connector	A Overanization Affiliated Committee Joint Fun	draining Donrocontative	o or Londovskin DAC Spans
FISCH & FIN FUND	d Organization, Affiliated Committee, Joint Fund	iraising nepresentative	e, or Leadership FAC Spons
Mailing Address	PO BOX 153		
	LITCHFIELD	MN	55355
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Spo
Connecte Pesignated Agent: Identi Full Name	ed Organization Affiliated Committee X Join	nt Fundraising Represent	ative Leadership PAC Spo
Connecte Pesignated Agent: Identi	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte Pesignated Agent: Identi Full Name	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte Pesignated Agent: Identi Full Name	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)		
Connecte Pesignated Agent: Identi Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identification Full Name Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)		
Connected Pesignated Agent: Identification of the Position of	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Pends or Other Deposit afety deposit boxes or make the period of Bank, Chain Pepository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds. Bridge 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 Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	I Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
GOP WINNING WO	MEN 2026		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
		oint Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi			ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X		Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X		Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X		Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X		Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X fy by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X fy by name, address (phone number – optional		
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X fy by name, address (phone number – optional	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X fy by name, address (phone number – optional CITY CITY CITY CITY Dries: List all banks or other depositories in whom the committee of the commi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market.	Affiliated Committee X fy by name, address (phone number – optional CITY CITY CITY CITY Dries: List all banks or other depositories in whom the committee of the commi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X fy by name, address (phone number – optional CITY CITY CITY CITY Dries: List all banks or other depositories in whom the committee of the commi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	Affiliated Committee X fy by name, address (phone number – optional CITY CITY CITY CITY Dries: List all banks or other depositories in whom the committee of the commi	STATE A Telephone Number	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.	Affiliated Committee X fy by name, address (phone number – optional CITY CITY CITY CITY Dries: List all banks or other depositories in whom the committee of the commi	STATE A Telephone Number	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.	Affiliated Committee X fy by name, address (phone number – optional CITY CITY CITY CITY Dries: List all banks or other depositories in whom the committee of the commi	STATE A Telephone Number	ZIP CODE A