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. Mercuri for Congress 3000 Village Run Rd ADDRESS (number and street) Ste 103-300 (Check if address is changed) Wexford 15090 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address mercuri@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00848150 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 05 01 2024 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

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FEC 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 candidate information below.)	
Name of Candidate Mercuri, Robert, W, ,	
Cardidate	PA
Faity Allination Sought.	17
(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 (Democratic, or subordinate) committee of the Republican, etc.) Party	
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	is a:
Corporation Corporation w/o Capital Stock Labor Organization	
Membership Organization Trade Association Cooperative	
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 fund or party committee. (i.e., nonconnected committee)	
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 PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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.	
(j) 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	
1 C	

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٧	Vrite or Type Committee Name				
_	Mercuri for Cong				
6.		rganization, Affiliated Committee, Jo	oint Fundraising Represe	entative, or Leade	rship PAC Sponsor
	GROW THE MAJOR	ITY 			
	Mailing Address	228 S WASHINGTON ST STE 115			
	a				
		ALEXANDRIA		VA , , , 22314	1
				22312	·
		CITY ▲	ST	TATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Re	epresentative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number	optional) and position of th	ne person in posses	ssion of committee
	Kilgore, Pa	ul, , ,			
	Full Name	<u> </u>			
	Mailing Address	824 S Milledge Ave			
		Ste 101			
		Athens		GA 30605	5
		CITY			ZID CODE A
	Title or Position ▼	CITY ▲	51	「ATE ▲	ZIP CODE ▲
	Treasurer		Telephone numbe	r	534 7780
8.	any designated agent (e.g., a		of the treasurer of the co	ommittee; and the	name and address of
	Full Name Kilgore, Pa of Treasurer	ul, , ,			
	Mailing Address	824 S Milledge Ave			
	Mailing Address	Ste 101			
		Athens		GA 30605	5
	Title or Position ▼	CITY ▲	ST	TATE ▲	ZIP CODE ▲
	Treasurer	1		ı 706 ı ı	534 7780
			Telephone numbe	r	

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	Full Name of Designated Agent Mailing Address	Goode, Michael, , ,		
		Ste 101 Athens		30605
	Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Assistant Treasur	er Telephone	number 706	534
•		Depositories: List all banks or other depositories in which the comes or maintains funds.	nmittee deposits fund	s, holds accounts, rents
	Name of Bank, D	epository, etc.		
		First Commonwealth Bank		
	Mailing Address	12449 Perry Hwy		
		Wexford	PA 1	5090
		CITY ▲	STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.		
		Chain Bridge Bank		
	Mailing Address	1445 A Laughlin Ave		
		McLean	VA 2	2101
		CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
WAR VETERANS F	UND 2024 		
Mailing Address	PO BOX 26141		
	ALEXANDRIA	VA	22313
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represente	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, Forbri	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	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.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or manual deposit boxes or manual deposit boxes.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which raintains funds. ght Bank	STATE A	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.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which raintains funds. Ght Bank 4445 Willard Ave	STATE A	ZIP CODE A

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

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(h). Joint Fundraisi	ing i ai dolpant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
_	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	824 S MILLEDGE AVE		
	STE 101		
Relationship:	ATHENS CITY	GA STATE ▲	30605 ZIP CODE ▲
	*··· —		
Designated Agent: Identi	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi Full Name L Mailing Address	fy by name, address (phone number – optional)	STATE	Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional) CITY		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or management of the position of the po	fy by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY CITY Cries: List all banks or other depositories in which aintains funds. C City Bank	STATE A	ZIP CODE A

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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
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Benresentative	or Leadership DAC Spon
Rob Mercuri Victory			
Mailing Address	824 S Milledge Ave		
	Ste 101		
	Athens	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee X Jo y by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC S
esignated Agent: Identi	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name	cories: List all banks or other depositories in whice aintains funds.	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afty deposit boxes or mane of Bank,	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A