Image# 10	0930332413
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	iull) (Check if name Example: If typying, type over the lines	12FE4M5
	264 N. Lumpkin St #202	<u> </u>
ADDRESS (number and s		
(Check if address is changed)	Athens	GA30601
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)	
COMMITTEE'S WEB I (Check if address is changed)		· · · · · · · · · · · · · · · · · · · ·
2. DATE M M 1 2	/ D D / Y Y Y Y 07 / 2009	
3. FEC IDENTIFICA	TION NUMBER C C00470443	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of ⁻	Treasurer Paul Kilgore	
Signature of Treasurer	Electronically Filed by Paul Kilgore	Date 02 / 08 / Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

FEC I	Form 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE (Check One)	
Candidate (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 th information below.)	e candidate
Name of Candidate	1	
Candidate Party Affiliat	ion 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 Comr	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	d organization is a:
	Corporation Corporation w/o Capital Stock	oor Organization
	Membership Organization Trade Association Co	operative
(f)	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 segregated committee. (i.e., nonconnected committee)	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 or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees (granizations, page 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 more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.	<u> </u>	FEC ID number	C

FEC Form 1 (Revised 02/2009)	
Write or Type Committee Name	
IL-14 CONGRESSIONAL VICTORY COMMITTEE	

	rganization, Affiliated Committee, Joint	Fundraising Representative, or Lead	dership PAC Sponsor
REVERSE THE VOTE VI			
Mailing Address	264 N. Lumpkin St #	#202	
	Athens	[ĢA]	30601
	CITY	STATE 🛦	ZIP CODE
Relationship: Connected Organization	Affiliated Committee X	Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Id possession of Committee	entify by name, address, (phone nu e books and records.	mber optional), and position of	the person in
Full Name			
Mailing Address			
			=
Title or Position ♥	CITY A	STATE	
		Telephone number	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Paul Kilgore			
Mailing Address		264 N. Lumpkin St #2	202	
		Athens	GA	30601
Title or Position ♥		CITY A	STATE	
TRE	EASURER		Telephone number	<u>16 </u>

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE 🔺
	т	elephone number	
Banks or Other Deposi safety deposit boxes or m Name of Bank, Depositor	naintains funds.	ne committee deposits funds, ho	olds accounts, rents
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc.	ne committee deposits funds, ho	Ids accounts, rents I
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank	ne committee deposits funds, ho	Uds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank	ne committee deposits funds, ho	lds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank PO Box 4418		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank PO Box 4418 L		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust 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 m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank PO Box 4418 L L L L L L L L L L L L L L L L L L L	GA STATE ⊿	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. unTrust Bank PO Box 4418 Atlanta ry, etc.	GA STATE ⊿	 30302
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. UNTrust Bank PO Box 4418 Atlanta ry, etc.	└ · · · · · · · · · · · · · · · · · · ·	 30302

FEC Form 1 (Revised 02/2009)

Pao	e	5
I ay		•••

Banks or Other Depositories safety deposit boxes or mainta		tee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc		[ADDITIONAL]
Mailing Address			
		STATE	ZIP CODE
Name of Any Connected Org	ganization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leader	[ADDITIONAL] ship PAC Sponsor
Mailing Address	P.O. BOX 39		
	BATAVIA	IL L	60510
Relationship:	СІТҮ	STATE 🛦	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Rep	resentative Lead	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥		STATE	
	Telepho	one number	
Joint Fundraiser Participant	·		[ADDITIONAL]
		C ID number	