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 02 80 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

EC 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 information below.)	the 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 Republication	atic, an, etc.) Party
Political Action 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 Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate 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.)	
(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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or 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	ongress			
6.	-	rganization, Affiliated Committee,	Joint Fundraising Repre	esentative, or Leade	rship PAC Sponsor
	FISCHBACH VICTOR	RY FUND			
	Mailing Address	824 S MILLEDGE AVE			
		STE 101			
		ATHENS		GA 30605	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organizat	tion X Joint Fundraising	Representative	Leadership PAC Sponso
			,		
7.	Custodian of Records: Identi books and records.	fy by name, address (phone numbe	r optional) and position o	f the person in posses	sion of committee
	Kilgore, Pa	ul, , ,			
	Full Name				
	Mailing Address	824 S Milledge Ave Ste 101			
		1			
		Athens	ı	GA 30605	1 1
	Title or Position ▼	CITY ▲		STATE ▲	ZIP CODE ▲
	Treasurer		Telephone num	ber	534 - 7780
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number option assistant treasurer).	al) of the treasurer of the	committee; and the r	name and address of
	Full Name Kilgore, Pa	ul, , ,			
	of Treasurer	₁ 824 S Milledge Ave Ste 101			
	Mailing Address				
		Athens		GA 30605	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone num	ber	534 7780

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Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	GA L	30605
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu		number 7	706
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the comr xes or maintains funds.	nittee deposits f	funds, holds accounts, rents
Name of Bank, [Depository, etc.		
	Truist		
Mailing Address	2200 Wilson Blvd., Ste 100		
	Arlington	_ ∨A 	22201
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Classic City Bank		
Mailing Address	2365 W Broad St.		
	Athens	GA	30606
	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 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 or mailing and the safety deposit	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

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 i	ng Participant:		
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	raising Representative	e, or Leadership PAC Spon
Mailing Address	P.O. Box 183		
	Hudson		F4016
		WI	54016
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Jointy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
Connecte esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or meaning the second secon	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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1				FEC II	D number	C	
2				FEC II	D number	С	
3.				FEC II	D number	С	
4.				FEC II	D number	С	
lame of	f Any Connected	Organization Affi	liated Committee, Joint	Fundraising Re	nresentative	e or Leadershin PA	C Snons
	H & FIN FUND					Light Load of Sing TA	
Ма	uiling Address	PO BOX 153					
		LITCHFIELD			MN	55355	
	La Caracada Ca		CITY A		STATE A	ZIP CO	DE 🛦
		Organization by name, address	Affiliated Committee	Joint Fundraisin	g Representa	ative Leadership	PAC Sp
esignat	Connected				g Representa	ative Leadership	PAC Sp
esignat Full N	Connected				g Representa	ative Leadership	PAC Sp
esignat Full N	Connected ted Agent: Identify				g Representa	ative Leadership	PAC Sp
esignat Full N	Connected ted Agent: Identify				g Representa	ative Leadership	PAC Sp
esignat Full N Mailir	Connected ted Agent: Identify	by name, address			g Representa	Leadership ZIP COD	