

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Illinois Victory Fund 2022

ADDRESS (number and street) 824 S Milledge Ave.  
 (Check if address is changed) Ste 101  
Athens GA 30605  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) illinoisvictory@pdscompliance.com  
Optional Second E-Mail Address paul@pdscompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed)

2. DATE 06 / 01 / 2022

3. FEC IDENTIFICATION NUMBER C C00816819

4. 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.

Type or Print Name of Treasurer Kilgore, Paul, , ,

Signature of Treasurer Kilgore, Paul, , , [Electronically Filed] Date 06 / 01 / 2022

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.

5. TYPE OF COMMITTEE:

**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 the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  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 Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, 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. LAHOOD FOR CONGRESS \_\_\_\_\_

2. ESTHER FOR CONGRESS \_\_\_\_\_

C C00575050 \_\_\_\_\_

C C00716498 \_\_\_\_\_

Write or Type Committee Name

# Illinois Victory Fund 2022

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Kilgore, Paul, , ,

Full Name

Empty grid lines for full name

Mailing Address

824 S Milledge Ave

Ste 101

Athens

GA

30605

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

706

534

7780

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).

Kilgore, Paul, , ,

Full Name of Treasurer

Empty grid lines for full name of treasurer

Mailing Address

824 S Milledge Ave

Ste 101

Athens

GA

30605

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

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 ▼ | Asst. Treasurer | Telephone number | 706 | 534 | 7780

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Classic City Bank

Mailing Address | 2365 W Broad St. | Athens | GA | 30606 | CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address | | | CITY ▲ STATE ▲ ZIP CODE ▲

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

5(g) or (h). Joint Fundraising Participant:

- 1. ABRAHAM LINCOLN PAC
- 2. JOY PAC
- 3. NRCC
- 4. ILLINOIS REPUBLICAN PARTY - FEDERAL

|               |           |
|---------------|-----------|
| FEC ID number | C00631051 |
| FEC ID number | C00760629 |
| FEC ID number | C00075820 |
| FEC ID number | C00005926 |

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty text input fields for organization name]

Mailing Address

[Empty text input fields for mailing address]

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

- Connected Organization
- Affiliated Committee
- Joint Fundraising Representative
- Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

[Empty text input field for full name]

Mailing Address

[Empty text input fields for mailing address]

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

[Empty text input field for title or position]

Telephone Number

[Empty text input fields for telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,

Depository, etc.

[Empty text input field for bank name]

Mailing Address

[Empty text input fields for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲