FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

2012 OCT 15 PM 12: 16

FEC MAIL CENTER

			THE OTHER	ce Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Sacramento Vict	ory Fund	<u> </u>	<u> </u>	
1				
Li	,2470 Daniells Br Rd	<u> </u>	1II	
ADDRESS (number and street)	Ste. 121		<u> </u>	
(Check if address is changed)	Athens		GA , 3060	06 , ,
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one $\epsilon$	e-mail address)		
	paul@pdscompliance			1
(Check if address is changed)	<u> </u>	<u> </u>		
				<del></del>
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
(Check if address				
(Check if address is changed)		1 1 1 1 1 1 1 1 1	111111	
2. DATE 10 08  3. FEC IDENTIFICATION NU  4. IS THIS STATEMENT	2012 JMBER C	AMENDED (A)		
I certify that I have examined th	is Statement and to the bas	t of my translater and belief i	lie two second and	
r certify that I have examined th	is Statement and to the besi	t of my knowledge and belief i	is true, correct and	complete.
Type or Print Name of Treasure	Paul Kilgere	M		
Signature of Treasurer Paul Ki	igore Family	h	Date 10	09 2012
NOTE: Submission of false, errone		may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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-40		-

FEC	Form 1 (Revised 02/2009)	Page 2	
-	COMMITTEE		
	ate 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. (Complet information below.)	e the candidate	
Name of Candidat		***************************************	
Candida Party Aff		State District	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidat			
Party (	ommittee:  (National, State (De	amo auntin	
(d)		emocratic, oublican, etc.) Party.	
Politica	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	eted organization is a:	
•	Corporation Wo Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	gated fund or party	
	In addition, this committee is a Lebbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint F	Indraising Representative:		
(g)	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.	or more political	
(h) <sup>17</sup>	Time committee comedic commissions, payor terror areas and areas areas areas and proceed for the c	r more political	
C	ommittees Participating in Joint Fundraiser		
1	LUNGREN FOR CONGRESS	955	
2	NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	820	
3			
_			
4		<u> </u>	

FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Name	9	,	
Sacramento Vid	ctory Fund		
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising	Representative, or L	eadership PAC Sponsor
NONE			
Mailing Address			
			111111111
			<u>, , , , ]-[ , , , , }</u>
	CITY	STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee JJoint Fundra	ising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and p	position of the persor	n in possession of committee
Full Name		<u> </u>	
Mailing Address			
		<u> </u>	
		ا ليا ل	
Title or Position	CITY	STATE	ZIP CODE
		number LiL	J-L
8. <b>Treasurer</b> : List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of assistant treasurer).	f the committee; and	the name and address of
Full Name Paul Kilgo of Treasurer	re	<u> </u>	
Mailing Address	2470 Daniells Br Rd		
	Ste. 121	<u> </u>	
	Athens	GA 3	0606 ZIP CODE
Title or Position Treasurer	<u>i I I I I I I I I I</u> Telephone	number 706	_ 534 - 7780

FEC Form 1 (R	Revised 02/2009)	·····	Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	<u></u>
safety deposit boxes o Name of Bank, Depos	sitory, etc.	ich the committee deposits fu	unds, holds accounts, rents
Su	ntrust Bank		
Mailing Address	PO Box 4418		
	Atlanta	GA	30302
	CITY	STATE	ZIP CODE
Name of Bank, Depos	itory, etc.		
ı			,
Mailing Address			
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate the second sec	•
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Cor	nfirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	f Receipt or Postmarked .
4mb	10/15/1
PREPARER	DATE PREPARED

PREPARER (3/2005)