**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) over the lines. is changed) Bernie Moreno for Senate PO Box 340797 ADDRESS (number and street) (Check if address is changed) Columbus 43234 OH CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address moreno@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00837484 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 01 28 2025 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 Moreno, Bernie, , ,	
Candidate Party Affiliation REP Office Sought: House X Senate President	State OH District 00
(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 Republica	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	eted 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.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregar committee. (i.e., nonconnected committee)	ted 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.	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 C	

	FEC Form 1 (Revised 0)	2/2009)		Page <b>3</b>
V	Vrite or Type Committee Name			
	Bernie Moreno fo			
6.		ganization, Affiliated Committee, Joint	Fundraising Representat	ive, or Leadership PAC Sponsor
	TEAM MORENO			
	Mailing Address	P.O. BOX 340797		
		1		
		COLUMBUS	OH	43234
		CITY ▲	STATE	ZIP CODE ▲
	Relationship: Connected		✓ Joint Fundraising Repres	
	nelationship.	Organization Allillated Organization	Some rundraising hepres	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number option	onal) and position of the pe	erson in possession of committee
	books and records.			
	Kilgore, Par	<b>JI, , ,</b>		
		<sub>1</sub> 824 S. Milledge Ave		
	Mailing Address	Ste 101		
		Athens	GA GA	
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	770 - 534 - 7780
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	he treasurer of the commi	ittee; and the name and address of
	Full Name Kilgore, Par	ul, , ,		
	of Treasurer			
	Mailing Address	824 S. Milledge Ave		
		Ste 101		
		Athens	GA	30605
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼		- <i>n</i>	
	Treasurer		Telephone number	770 - 534 - 7780

FEC Form	1 (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Goode, Michael, , ,	1 1 1 1 1 1 1 1 1	
Mailing Address	824 S. Milledge Ave		
	Ste 101		
	Athens	GA L	30605
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Asst. Treasurer		ephone number 770	534 7780
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which thoxes or maintains funds.	ne committee deposits func	ls, holds accounts, rents
Name of Bank, [	Depository, etc.		
	Classic City Bank		
Mailing Address	2365 West Broad St		
	Athens	GA L	30605
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, [	Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445 A Laughlin Ave		
	McLean	VA [2	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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rade	OI	

h). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected , MAJORITY MAKER	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
WAJORITY WAKER	5 FUND		
Mailing Address	421 OFFICE PARK DR		<u> </u>
	MOUNTAIN BROOK	AL	35223
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
Connecte		t Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	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  anks or Other Deposite afety deposit boxes or market and mar	fy 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: 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 aintains funds.  Marshall Bank  1625 K Street NW	STATE A	ZIP CODE A

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

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(h). Joint Fundrai	sing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connect	ed Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
RECLAIM THE MA	AJORITY		
	421 Office Park Dr		
Mailing Address	421 Onio 1 dik Di		
	Mountain Brook	AL	35223
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	cted Organization Affiliated Committee X Jointify by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Sp
		int Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Ide		int Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ide		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Ide		int Fundraising Representation	Leadership PAC Spo
Pesignated Agent: Ide	ntify by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Spo
Designated Agent: Ide  Full Name  Mailing Address	ntify by name, address (phone number – optional)  CITY ▲		

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

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-		FEC ID	number number number	C
3. 4. 4. Name of Any Connected C		FEC ID	number	
4. Name of Any Connected (		_		С
4. Name of Any Connected (		FEC ID	number	
-		_	110111001	С
-				
	Organization, Affiliated Committee, Joint F	undraising Rep	resentativ	e, or Leadership PAC Spons
TILLIS AND COLLEAG	GUES VICTORY COMMITTEE			
Mailing Address	228 S. WASHINGTON ST.		1 1 1	
Ç	STE. 115			
	ALEXANDRIA		VA	22314
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Па	Organization Affiliated Committee X	Joint Fundraising		ative Leadership PAC Spo
Full Name				
Mailing Address				
TITLE OR POSITION	▼ CITY ▲	5	STATE A	ZIP CODE ▲
		Telephone Nu	ımber	

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

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	ing Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	, or Leadership PAC Spons
PRIENDS OF REIN			
Mailing Address	3337 NORTH HULLEN ST.		
-	SUITE 301		
	METAIRIE	LA	70002
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
resignated Agent. Ident	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name L L L L L L L L L L L L L L L L L L L	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions of the property of t	CITY ▲  CITY ▲  Ories: List all banks or other depositories in which an aintains funds.  /BB&T  [145 New York Ave. NW]	Telephone Number  h the committee deposits	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or not be boxed by the state of Bank, Depository, etc.	CITY ▲  CITY ▲  Ories: List all banks or other depositories in which anintains funds.  //BB&T  [145 New York Ave. NW]	Telephone Number	

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

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1.					
3.			FEC ID	number	C
			FEC ID	number	С
4.			FEC ID	number	C
			FEC ID	number	C
Name of Any Connected	Organization, Affilia	ted Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
			1		
Connected esignated Agent: Identify		ffiliated Committee	Joint Fundraising		
Pesignated Agent: Identify					
Designated Agent: Identify					
Pesignated Agent: Identify					
Pesignated Agent: Identify		phone number – option	al)		
Pesignated Agent: Identify	by name, address (		al)	STATE A	ZIP CODE A