04/10/2024 14 : 32

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FEC FORM 1	STATEMEN ORGANIZA	_	Offi	PAGE 1 / 10
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Bernie Moreno for	Senate			
ADDRESS (number and street)	PO Box 340797			
(Check if address is changed)				
	Columbus └ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		OH STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	moreno@pdscompliance.com	n 		
	Optional Second E-Mail Addre	ess		
COMMITTEE'S WEB PAGE AD	DRESS (URL)           BernieMoreno.com           Image: Image of the second secon			
	0 / Y Y Y Y 2023			
3. FEC IDENTIFICATION N	UMBER ► C COO	837484		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best of	f my knowledge and belief it is	s true, correct and	complete.
Type or Print Name of Treasure	er Kilgore, Paul, , ,			
Signature of Treasurer Kilg	ore, Paul, , ,		Date 04	D D / Y Y Y Y 10 2024
NOTE: Submission of false, error	eous, or incomplete information ma ANY CHANGE IN INFORMATIO			penalties of 52 U.S.C. §30109
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Moreno, Bernie, , Candidate State OH Candidate Office REP Senate House President Party Affiliation Sought: District 00 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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).

## 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.
 2.

FEC Form 1 (Revised 02/2009)	Page <b>3</b>
Write or Type Committee Name	
Bernie Moreno for Senate	

6.	Name of Any Connected Or	ganization, Affiliated	Comn	nittee	, Jo	oint	Fun	drai	sing	Rep	ores	enta	tive	, oı	Lea	der	ship	PAC	) S	por	ISOr	
								Í														
	Mailing Address	P.O. BOX 340797																				
												OH			43	234			-L			
			CIT	Y 🔺							5	STATE					ZIF	• CC	DE	E 🔺		
	Relationship: Connected	Organization Affilia	ated Org	ganiza	ation	>	Κ J	oint	Fund	raisi	ng l	Repre	sent	tativ	e		Lea	dersł	ıip ∣	PAC	Spo	nsor

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

Kilgore, Pa	ul, , ,
Full Name	
Mailing Address	824 S. Milledge Ave
	Ste 101
	Athens GA 30605
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number     770     -     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).

Full Name	Kilgore, Paul, , ,
of Treasurer	
Mailing Address	824 S. Milledge Ave
	Ste 101
	Athens GA 30605
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number     770     534     7780

FEC Form 1	(Revised 02/2009)	
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Full Name of Designated Agent	Goode, Michael, , ,
Mailing Address	824 S. Milledge Ave
	Ste 101
	Athens
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Asst. Treasurer	Image:

## 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.

L	Classic City Bank		
Mailing Address	2365 West Broad St		
	Athens	GA 30605	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, De	pository, etc.		
L	Chain Bridge Bank		
Mailing Address	1445 A Laughlin Ave		
	McLean 	VA 22101	
	CITY 🔺	STATE A	ZIP CODE

5(g)	or (h). Joint Fundraising	Participant:	
	1	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	
6.	Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp	oonsor
	2024 REPUBLICAN S		
	Mailing Address	228 S. WASHINGTON STREET	
		SUITE 115	
		ALEXANDRIA VA 22314	
	Relationship:	CITY A STATE A ZIP CODE .	
	Connected	Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC	C Sponsor
8.		Organization Affiliated Committee Joint Fundraising Representative Leadership PAG	C Sponsor
8.			C Sponsor
8.	Designated Agent: Identify		Sponsor
8.	Designated Agent: Identify		Sponsor
8.	Designated Agent: Identify		Sponsor
8.	Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	> Sponsor
8.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)	> Sponsor
8.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)	> Sponsor
8.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)	
	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositori safety deposit boxes or mail	by name, address (phone number – optional)	rents

		STATE 🔺	ZIP CODE	
	Washington	DC		
	Suite 1050			
Mailing Address				

5(g) or (h).	Joint Fundraising	9 Participant:	
1		FEC ID	number C
2	2.	FEC ID	number C
3	3.	FEC ID	number C
4	I	FEC ID	number C
6. Nam	e of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Repr	esentative, or Leadership PAC Sponsor
C	ORNYN VICTORY C	COMMITTEE	
	Mailing Address	PO Box 13026	
		Austin	TX 78711 -
	Relationship:	CITY 🔺	STATE A ZIP CODE A
		by name, address (phone number – optional)	
F	Full Name	by name, address (phone number – optional)	
F		by name, address (phone number – optional)	
F	Full Name	by name, address (phone number – optional)	
F	Full Name		
F	Full Name		
F	Full Name		
9. Bank safet Nam	Full Name	CITY ▲ S CITY ▲ S List all banks or other depositories in which the committee ntains funds.	mber

5(g) or (h	). Joint Fundraising	Participant:		
	1		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6. <b>Na</b>	me of Any Connected C	Drganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
L		ENATE REPUBLICAN NOMINEE FUND 202	2 <b>4</b> 	
L				
	Mailing Address	PO BOX 9891		
		ARLINGTON		22219
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8. <b>De</b>	signated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address	1		
		1		· · · · · · · · · · · · · · · · · · ·
	TITLE OR POSITION	CITY ▲		
			ephone Number	-   -
	nks or Other Depositori ety deposit boxes or main	es: List all banks or other depositories in which th ntains funds.	ne committee deposit	s funds, holds accounts, rents
	me of Bank, Middleto	own Valley Bank		
	Mailing Address	24 W. Main St.		
		PO Box 75		
		Middletown	MD	21769
1		CITY A	STATE A	ZIP CODE

1 FEC ID number   2. FEC ID number   3. FEC ID number   4. FEC ID number   C FEC ID number   C FEC ID number   C FEC ID number   Mailing Address 421 OFFICE PARK DR   Mailing Address CITY ▲   TITLE OR POSITION ▼ CITY ▲   CITY ▲ STATE ▲   ZIP CODE ▲			Participant:						
2.	1. 🗌				FEC	ID number	С		
4.       FEC ID number         A.       FEC ID number         C       Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor         MAJORITY MAKERS FUND       Mailing Address         4.       4.         Mailing Address       421 OFFICE PARK DR         Connected Organization       Affiliated Committee         Joint Fundraising Representative       Leadership PAC Sponsor         Designated Agent:       Identify by name, address (phone number – optional)         Full Name       Hull Name         Mailing Address       CITY ▲         STATE ▲       ZIP CODE ▲         TITLE OR POSITION ▼       CITY ▲	2.				FEC	ID number	С		
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor         MAJORITY MAKERS FUND         Mailing Address         421 OFFICE PARK DR         Mailing Address         MountAin BROOK         Relationship:         Citry ▲         State ▲         ZIP CODE ▲         Mailing Address         Image:	з. 🗆				FEC	ID number	С		
MAJORITY MAKERS FUND         Mailing Address         421 OFFICE PARK DR         Mailing Address         MountAin BROOK         Mailing Connected Organization         Affiliated Committee         X Joint Fundraising Representative         Leadership PAC Spons         Designated Agent:         Identify by name, address         Mailing Address         Image: Connected Organization         Connected Organization         Connected Agent:         Identify by name, address (phone number – optional)         Full Name         Mailing Address         Image: Citry A         STATE A         ZIP CODE A         Citry A         STATE A         ZIP CODE A         Image: Citry A         STATE A         ZIP CODE A         Image: Citry A         STATE A         ZIP CODE A	4. [				FEC	ID number	С		
MAJORITY MAKERS FUND         Mailing Address         421 OFFICE PARK DR         Mailing Address         MountAin BROOK         Mailing Connected Organization         Affiliated Committee         X Joint Fundraising Representative         Leadership PAC Spons         Designated Agent:         Identify by name, address         Mailing Address         Image: Connected Organization         Connected Organization         Connected Agent:         Identify by name, address (phone number – optional)         Full Name         Mailing Address         Image: Citry A         STATE A         ZIP CODE A         Citry A         STATE A         ZIP CODE A         Image: Citry A         STATE A         ZIP CODE A         Image: Citry A         STATE A         ZIP CODE A	Name o	of Any Connected C	Drganization. Affili	iated Committee, Joir	it Fundraising I	Representativ	e. or Lead	ership PA	C Sponsor
Mailing Address     MOUNTAIN BROOK     MOUNTAIN BROOK     MOUNTAIN BROOK     AL     35223     AL     STATE     Al     STATE     Al     STATE     Al     STATE     Al     Al <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td>• </td> <td></td> <td></td> <td></td>		-	-			• 			
Mailing Address     MOUNTAIN BROOK     MOUNTAIN BROOK     MOUNTAIN BROOK     AL     35223     AL     STATE     Al     STATE     Al     STATE     Al     STATE     Al     Al <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲     Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons   Designated Agent: Identify by name, address (phone number – optional)   Full Name	М	ailing Address		RK DR					
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲     Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons   Designated Agent: Identify by name, address (phone number – optional)   Full Name									
Connected Organization       Affiliated Committee       X Joint Fundraising Representative       Leadership PAC Spons         Designated Agent:       Identify by name, address (phone number – optional)         Full Name							3522	3 	-
Designated Agent: Identify by name, address (phone number – optional)         Full Name         Mailing Address         Image: Interview of the second	R	elationship:		CITY A		STATE A		ZIP CC	
Designated Agent: Identify by name, address (phone number – optional)         Full Name         Mailing Address         Image: Interview of the second		Connected	Organization	Affiliated Committee	× Joint Fundrais	sina Representa	ative	Leadershir	D PAC Spons
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲									
TITLE OR POSITION ▼	Full	Name							
TITLE OR POSITION ▼									
TILE OR POSITION ▼									
	Mail	ling Address	· · · · · · · · ·						
	Mail	Ling Address		1	Telephone	1			-
	Mail TIT	Le or position		1		Number	<pre></pre>		-
safety deposit boxes or maintains funds.	Mail TIT	Iing Address	es: List all banks			Number	<pre></pre>		-
	Mail	Iing Address	es: List all banks			Number	<pre></pre>		-
safety deposit boxes or maintains funds. Name of Bank,	Mail	Ing Address	es: List all banks			Number	<pre></pre>		-
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Mail	Ing Address	es: List all banks			Number	<pre></pre>		-
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Mail	Ing Address	es: List all banks			Number	<pre></pre>		-

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5(g) or (h)	). Joint Fundraising	Participant:	
	1.		imber C
	2.		imber C
	3.	FEC ID nu	imber C
	4.	FEC ID nu	Imber C
6. <b>Na</b>	me of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Repres	entative, or Leadership PAC Sponsor
L			
	Mailing Address	421 Office Park Dr	
		Mountain Brook	AL   35223
	Relationship:	CITY A ST	
	Connected	Organization Affiliated Committee X Joint Fundraising Re	presentative Leadership PAC Sponsor
8. <b>De</b> s	signated Agent: Identify	by name, address (phone number - optional)	
8. <b>De</b> s	signated Agent: Identify	by name, address (phone number - optional)	
8. Des		by name, address (phone number – optional)	
8. <b>Des</b>	Full Name	by name, address (phone number – optional)	
8. Des	Full Name	by name, address (phone number – optional)	
8. Des	Full Name		
8. Des	Full Name		
9. Bai safe	Full Name Mailing Address TITLE OR POSITION	CITY ▲ STA     Telephone Numb	er
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION	CITY ▲ STA     Telephone Numb	er
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION	CITY ▲ STA     Telephone Numb	er
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION  nks or Other Depositor ety deposit boxes or main me of Bank, pository, etc	CITY ▲ STA     Telephone Numb	er
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION  nks or Other Depositor ety deposit boxes or main me of Bank, pository, etc	Image: List all banks or other depositories in which the committee ntains funds.	er

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

STATE 🔺

ZIP CODE

5(g) d	or(h). Joint Fundraisi	ng Participant:		
	1. 🔄 🖂 🖂		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Benresentative	or Leadershin PAC Sponsor
0.	-	ASSIC COMMITTEE	ising hepresentative	
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
			VA	22314
	Relationship:		STATE ▲	
	Connecte	d Organization	Fundraising Representa	ative
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number - optional)		
8.	Full Name	y by name, address (phone number - optional)		
8.	Full Name			
8.	Full Name			
8.	Full Name		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	· · · · · · · · · · · · · · · · · · ·
8.	Full Name Mailing Address TITLE OR POSITION	CITY A CITY Tele	ephone Number	
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or m Name of Bank,	CITY ▲ CITY ▲ CITY ▲ CITY ▲	ephone Number	
	Full Name	CITY A CITY A Tele Cites: List all banks or other depositories in which th aintains funds.	ephone Number	s funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or m Name of Bank,	CITY A CITY A Tele Tele City A	ephone Number	s funds, holds accounts, rents