Image#	10931082745
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in t	ull) (Check if name Example: If typying, type over the lines	12FE4M5
ADDRESS (number and s	264 N. Lumpkin St #202           Image: treet	<u> </u>
(Check if address is changed)	Athens	 
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)	
	$\lfloor \ , \ , \ , \ , \ , \ , \ , \ , \ , \ $	
COMMITTEE'S WEB (Check if address is changed)		
2. DATE <b>1.2</b>	/ D D / Y Y Y 07 / 2009	
3. FEC IDENTIFICA	TION NUMBER C C00470484	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct and	l complete
Type or Print Name of	Bast Kilasa	·
Signature of Treasurer	Electronically Filed by Paul Kilgore	Date 08 / 04 / Y Y Y Y 0 8 / 04
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this Stater ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information cc Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

		FEC F	Form 1 (Revised 02/2009)	Page 2
5.	TYPE	OF CO	DMMITTEE (Check One)	
	Cand	lidate C	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 information below.)	candidate
	Name Cand			
	Cand Party	lidate Affiliati	on Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Party	Comn	nittee:	
	(d)		(National, State	Democratic, lepublican,etc.) Party.
	Politi	cal Act	ion 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 Labo	r Organization
			Membership Organization Trade Association Coo	perative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated f committee. (i.e., nonconnected committee)	und or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, none of which is an authorized committee of a federal candidate.	nore political

Committees Participating in Joint Fundraiser

1.		FEC ID number	
2.		FEC ID number	
3.		FEC ID number	
4.	[	FEC ID number C	

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Write or Type Committee Name	1					
MO-03 CONGRESSION	NAL VICTORY COMMITTEE	E				
6. Name of Any Connected O	Organization, Affiliated Commit	tee, Joint Fundr	aising Repres	entative, or Le	adership PAC Sponsor	
						1
Mailing Address	264 N. Lum	okin St #202				1
	Athens			GA	<b>30601</b>	
	CITY	YA		STATE 🛦	ZIP CODE 🔺	
Relationship: Connected Organization	n Affiliated Committe	ee X Joint	Fundraising Re	presentative	Leadership PAC Sponso	or
7. Custodian of Records: lo possession of Committe	dentify by name, address, (p ee books and records.					

Mailing Address			Telephone number	
Mailing Address	Title or Position ▼	CITY 🛦	STATE	
	Mailing Address			
	Full Name			

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 of Treasurer	Paul Kilgore			
Mailing Address		264 N. Lumpkin St #2	202	
		Athens	GA	30601 _
Title or Position ♥		CITY A	STATE	
TRE	EASURER		Telephone number	_ 534 _ 7780

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE 🔺
	т	elephone number	
Banks or Other Deposi safety deposit boxes or m Name of Bank, Depositor	naintains funds.	ne committee deposits funds, ho	olds accounts, rents
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc.	ne committee deposits funds, ho	Ids accounts, rents         I
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. <b>unTrust Bank</b>	ne committee deposits funds, ho	Uds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. <b>unTrust Bank</b>	ne committee deposits funds, ho	lds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank PO Box 4418		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank PO Box 4418 L L L L L L L L L L L L L L L L L L L		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank PO Box 4418 L L L L L L L L L L L L L L L L L L L		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank PO Box 4418 L L L L L L L L L L L L L L L L L L L	<b>GA</b> <b>STATE</b> ⊿	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. <b>unTrust Bank</b> <b>PO Box 4418</b> <b>L I I I I I I I I I I</b>	<b>GA</b> <b>STATE</b> ⊿	  30302
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. <b>unTrust Bank</b> <b>PO Box 4418</b> <b>Atlanta</b> ry, etc.	<b>GA</b> <b>GA</b> <b>STATE</b> ⊿	  30302

FEC Form 1 (Revised 02/2009)

Banks or Other Depositories: List a safety deposit boxes or maintains funds.

/	J
List all banks or other depositories in which the committee deposits funds, holds accounts, rer	nts
Inds. [ ADDITIOI	NAL ]

Mailing Address	CITY ▲		
Name of Any Connected Organization			
	on, Affiliated Committee, Joint Fundraising Repre		
ED MARTIN FOR CONGRESS		esentative, or Leade	[ ADDITIONAL rship PAC Sponsor
1			
Mailing Address			
ST	· LOUIS		63109 
Relationship:	CITY	STATE 🛦	ZIP CODE
	Affiliated Committee Joint Fundraising Repr	esentative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
—			
Title or Position ▼	CITY A	STATE	ZIP CODE A
	Telephor	ne number	
	Telephor	ne number	
Joint Fundraiser Participant	 	e number	 [ ADDITIONAL ]