Image# 109	31082750
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	iull) (Check if name Example: If typying, type over the lines	12FE4M5
ADDRESS (number and s	treet)	
X (Check if address is changed)	Athens	 GA 30601 _
		STATE ZIP CODE
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)	
COMMITTEE'S WEB (Check if address is changed)		
 2. DATE 1.2 3. FEC IDENTIFICA 4. IS THIS STATEM 	0 7 2 0 0 9 TION NUMBER C C00470559	
I certify that I have examination of Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, correct and Treasurer Paul Kilgore	d complete
Signature of Treasurer	Electronically Filed by Paul Kilgore	Date 08 / 04 / Y Y Y Y 08
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State 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	

	Form 1 (Revised 02/2009)	Page 2
	DMMITTEE (Check One)	
Candidate C		
(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 th information below.)	e candidate
Name of Candidate		
Candidate	Office	State
Party Affiliation	on Sought: House Senate President	District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comm		
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political Act	ion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Lab	or Organization
	Membership Organization Trade Association Co	operative
(f)	In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated	fund or porty
X	committee. (i.e., nonconnected committee)	fund of 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	more political

committees/organizations, at least one of which is an authorized committee of a federal candidate.

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

(h)

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

FEC FC	orm 1 (Revised 02	2/2009)		Page 3
Write or Type C	ommittee Name			
OH-01 CC	DNGRESSION	AL VICTORY COMMITTEE		
6. Name of Ar	y Connected Or	ganization, Affiliated Committee, Joint	Fundraising Representative, or I	eadership PAC Sponsor
REVERSE	ΤΗΕ VOTE VIC			
Mailing Add	ress	264 N. Lumpkin St #	2 02	
		1		
		Athens	GA	30601 _ _
		CITY	STATE 🛦	ZIP CODE
Relationship	: cted Organization	Affiliated Committee X	Joint Fundraising Representative	Leadership PAC Sponsor
		entify by name, address, (phone nu books and records.	mber optional), and position	of the person in
Full Name				
Mailing Add	ress			
Title or Posit	tion ¥	CITY A	STATE	
			Telephone number	
		and address (phone number opti		mmittee; and the
name and	address of any	designated agent (e.g., assistant t	reasurer).	
Full Name				

of Treasurer	Paul Kilgore			
Mailing Address	264 N. Lun	npkin St #202		
	Athens		GA	30601 _
Title or Position ♥	CI	TY 🛦	STATE	
TRE	ASURER	Telephone numl	ber	534 _ 7780

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY	STATE 🛦	ZIP CODE 🛦
	Τε	lephone number	
Banks or Other Deposi safety deposit boxes or m Name of Bank, Depositor	naintains funds.	e committee deposits funds, ho	olds accounts, rents
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc.	e committee deposits funds, ho	ulds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank	e committee deposits funds, ho	Ids accounts, rents I I I I </th
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank		
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safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. unTrust Bank PO Box 4418 L		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. PO Box 4418 PO Box 4418 Atlanta CITY A		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. PO Box 4418 PO Box 4418 Atlanta CITY A	GA GA STATE ▲	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. PO Box 4418 Atlanta ry, etc.	GA GA STATE ▲	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. ry, etc. PO Box 4418 Atlanta ry, etc.	GA GA STATE ▲	

FEC Form 1 (Revised 02/2009)

Banks or Other Depositories:

009)	Faye
List all banks or other depositories in which the committee c funds.	leposits funds, holds accounts, rents
runus.	

Name of Bank, Depository, e	itains funds. etc.		[ADDITIONAL]
Mailing Address			
Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leade	[ADDITIONAL ership PAC Sponsor
STEVE CHABOT FOR			
Mailing Address	3030 HARRISON AVENUE		
	3014 Harrison Ave.		
		OH	45211
Relationship:	CITY	STATE 🛦	ZIP CODE 🔺
			adership PAC Sponsor
1	Affiliated Committee Joint Fundraising Repre	esentative Le	· ·
Connected Organization	Affiliated Committee Joint Fundraising Repr		[ADDITIONAL]
Connected Organization Designated Agent	Affiliated Committee Joint Fundraising Repr		
Connected Organization	Affiliated Committee Joint Fundraising Repr		
Connected Organization Designated Agent Full Name	Affiliated Committee Joint Fundraising Repr		
Connected Organization Designated Agent Full Name	CITY A		
Connected Organization Designated Agent Full Name Mailing Address			[ADDITIONAL]
Connected Organization Designated Agent Full Name Mailing Address	CITY A	STATE &	[ADDITIONAL]