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FEC FORM 1	STATEMEI ORGANIZ		
1. NAME OF	(Check if name	Example:If typing, type	Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5
	824 S. MILLEDGE AVE. STE	E. 101	
ADDRESS (number and stre			
 (Check if address is changed) 			
	ATHENS 		GA 30605 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL AI	DDRESS		
(Check if addresis changed)			
	Optional Second E-Mail Ad		
COMMITTEE'S WEB PAG (Check if addrestis changed)			
2. DATE 06	D D / Y Y Y Y 25 2024		
3. FEC IDENTIFICATIO	ON NUMBER ► C C	00859058	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have exami	ned this Statement and to the best	of my knowledge and belief it	t is true, correct and complete.
Type or Print Name of Tre	asurer KILGORE, PAUL, , ,		
., pe et t internatio of fie	NEGUNE, FAUE, , ,		
Signature of Treasurer	KILGORE, PAUL, , ,		Date 06 / 25 / 2024
NOTE: Submission of false,		may subject the person signing TION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate 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 information below.)	the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State (Democration Committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected (d) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected (Democratic committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	an, etc.) Party
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 segrega 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) X 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 for two or more political committees for two or more political committees of a federal candidate.

committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

	EMM		0					1	1			
2.	ELECT											

С	C00545749	1		
С	C00592089			

	FEC Form 1 (Revised	02/2009)					Page 3
۷	Vrite or Type Committee Name	e					
	EMMER MAJOF	RITY B	JILDE	RS			
6.	Name of Any Connected C	Organization	, Affiliated	Committe	ee, Joint Fundraising Repre	sentative, or Leadership	PAC Sponsor
	Mailing Address						

Relationship:	Connected Organization	Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponsor

STATE 🔺

ZIP CODE

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

CITY

KILGORE,	PAUL, , ,	
Full Name		
Mailing Address	824 S. MILLEDGE AVE. STE. 101	
	ATHENS	
	CITY ▲ STATE ▲ ZIP CODE ▲	L
Title or Position ▼		
	Telephone number	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 of Treasurer	KILGORE, PAUL, , ,
Mailing Address	824 S. MILLEDGE AVE. STE. 101
	ATHENS
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
	Telephone number 706 534 7780

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	GOODE, MICHAEL, , ,	
Mailing Address	824 S. MILLEDGE AVE. STE. 101	
	ATHENS GA 30605	
	CITY A STATE A	ZIP CODE 🔺
Title or Position	,	
ASST TREASUR	ER Telephone number 706	534 - 7780

Name of Bank, Depository, etc.

Mailing Address	2365 W BROAD ST		
	ATHENS	GA 30606	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I	Depository, etc.		
Mailing Address			
	1		
	CITY A	STATE ▲	ZIP CODE ▲

FEC F	Form	1S	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	g Participant:				
1.	NRCC				number C	C00075820
2.	CONGRESSIONAL L			FEC ID	number C	C00504530
3.	FRIENDS OF DAVID S	SCHWEIKERT		FEC ID	number C	C00540617
4.		NGRESS			number C	C00786194
6. Name	of Any Connected	Organization, Affili	iated Committee, Joint	Fundraising Rep	resentative, o	r Leadership PAC Sponsor
I	Mailing Address					
	Relationship:				L STATE ▲	
		d Organization	Affiliated Committee	Joint Fundraising		
8. Design	nated Agent: Identify	<i>i</i> by name, address	(phone number – option	al)		
Fu	III Name					
M						
IVIC	ailing Address					
IVIC	ailing Address					
IVIC	ailing Address					
	ailing Address	<pre> L</pre>				ZIP CODE ▲
	-			Telephone Nu		ZIP CODE ▲
T 9. Banks		ries: List all banks		Telephone Nu	umber	ZIP CODE ▲

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Mailing Address							1				I															
Depository, etc.																										i.

FEC Form 1S (Revised 02/2017)	Optional Supplemental In for Lines 5(g) or (h), 6, 8		Page of 14
5(g) or (h). Joint Fundraising Pa	rticipant:		
	RESS	FEC ID number	C C00808279
2. VALADAO FOR CONGRE	SS	FEC ID number	C C00499392
	RESS	FEC ID number	C C00701102
4. YOUNG KIM FOR CONGRE	SS	FEC ID number	C C00665638
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
Mailing Address			
L			
L			
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected Org	anization Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC Sponsor
B. Designated Agent: Identify by	name, address (phone number - optional)		
Full Name			
Mailing Address			
L			
L			
TITLE OR POSITION ▼	CITY 🔺	STATE A	ZIP CODE
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Name of Bank, Depository, etc.																								
Mailing Address	L		 																					
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FEC Form 1S (Revised 02/2017)	Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page of
(g)or(h). Joint Fundraising Part	cicipant:		
KEN CALVERT FOR CONGRES 1.		FEC ID number	C C00257337
	NGRESS	FEC ID number	C C00704981
		FEC ID number	C C00735985
4. SALAZAR FOR CONGRESS		FEC ID number	C C00714261
Name of Any Connected Organ	ization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:			
Connected Organ	nization Affiliated Committee Joint I	Fundraising Representa	
Designated Agent: Identify by na	ame, address (phone number - optional)		
Full Name			
Full Name			
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Name of Bank, Depository, etc.									I															
Mailing Address	L																							
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FEC Form 1S (Revised 02/20	Optional Supplemental In for Lines 5(g) or (h), 6, 8		Page of
or(h). Joint Fundraising	•		
	ONGRESS	FEC ID number	C C00706267
	JUNN	FEC ID number	C C00784389
	NGRESS, INC.	FEC ID number	C C00803502
	S	FEC ID number	C C00778159
Name of Any Connected C	Drganization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
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	<u></u>		
Mailing Address			
Relationship:		STATE A	ZIP CODE A
Connected	Organization Affiliated Committee Joi	nt Fundraising Represent	ative Leadership PAC Spon
Designated Agent: Identify	by name, address (phone number – optional)		
Full Name			
Full Name			
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Name of Bank, Depository, etc.																								
Mailing Address																								
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FEC Form 1S (Revised 02/207	Optional Supplemental Info17)for Lines 5(g) or (h), 6, 8 ar		Page of
(g)or(h). Joint Fundraising	-		
	RESS	FEC ID number	C C00575167
2. KEAN FOR CONGRES	S INC	FEC ID number	C C00703058
LALOTA FOR CONGRES	3S	FEC ID number	C C00806018
4. DESPOSITO FOR NEW	YORK	FEC ID number	C C00809426
Name of Any Connected O	rganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected 0	Drganization Affiliated Committee Joint Fo	undraising Representa	tive Leadership PAC Sponso
. Designated Agent: Identify b	by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION V	CITY A	STATE A	ZIP CODE

Name of Bank, Depository, etc.	<u> </u>																						
Mailing Address																							
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FEC Form 1S (Revised 02/20	17) Optional Supplementa for Lines 5(g) or (h), 6		Page of
5(g) or (h). Joint Fundraising	Participant:		
LAWLER FOR CONGRES	S 	FEC ID number	C C00815415
2. MARC FOR US INC.		FEC ID number	C C00789586
	ESS NY22	FEC ID number	C C00806307
4. LORI CHAVEZ-DEREME	R FOR CONGRESS	FEC ID number	C C00784520
6. Name of Any Connected O	rganization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:		L L STATE ▲	
Connected C	Drganization Affiliated Committee	Joint Fundraising Representa	tive Leadership PAC Sponso
B. Designated Agent: Identify b	by name, address (phone number – optiona	1)	
Full Name			
Mailing Address			
	<u> </u>		
	CITY ▲		
TITLE OR POSITION ▼	, OIIT A		
		Telephone Number	

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Mailing Address	L																					
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FEC Form 1S (Revised 02/20	Optional Supplemental In17)for Lines 5(g) or (h), 6, 8		Page of
5(g) or (h). Joint Fundraising 1. BRIAN FITZPATRICK FOI 1. MONICA FOR CONGR 2. KIGGANS FOR CONGR 3.	R ALL OF US	FEC ID number FEC ID number FEC ID number	 C 000607416 C 000765719 C 000776120
	GRESS	FEC ID number	C C00742007
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:			
8. Designated Agent: Identify b	Drganization Affiliated Committee Joint	t Fundraising Representa	tive Leadership PAC Sponsor
Full Name			
TITLE OR POSITION •			
		elephone Number	

Name of Bank, Depository, etc.																							
Mailing Address																							
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FEC Form 1S (Revised 02/2017)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	o	f	14

or (h). Joint Fundrais	ing Faiticipant.		
	DNGRESS	FEC ID number	C C00853929
2. YVETTE4CONGRI		FEC ID number	C C00655571
3.		FEC ID number	C C00852137
4. THERIAULT FOR C	DNGRESS	FEC ID number	C C00852061
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponso
Mailing Address			
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Relationship:			
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Connect	ed Organization		
Designated Agent: Ident	ed Organization		
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Designated Agent: Ident	ed Organization Affiliated Committee Joint 1		

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FEC Form	1S	(Revised	02/2017)	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) d	or (h). Joint Fundraisir	ng Participant:		
	MAYRA FLORES FOR	CONGRESS	FEC ID number	С С00768994
	2. TOM BARRETT FO	R CONGRESS	FEC ID number	С С00793976
	3.	1 FOR ALASKA	FEC ID number	C C00856716
		FOR CONGRESS	FEC ID number	C C00853499
6.	Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	ve, or Leadership PAC Sponsor
	1			
	Mailing Address			
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connecte	d Organization	Joint Fundraising Represen	tative Leadership PAC Sponsor
8.		d Organization Affiliated Committee		tative Leadership PAC Sponsor
8.				tative Leadership PAC Sponsor
8.	Designated Agent: Identif			tative Leadership PAC Sponsor
8.	Designated Agent: Identif			tative Leadership PAC Sponsor
8.	Designated Agent: Identif			tative Leadership PAC Sponsor
8.	Designated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optiona		tative Leadership PAC Sponsor
8.	Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optiona		
8.	Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optiona	l) ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	

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FEC Form 1S (Revised 02/20	Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page of
2MERRIN FOR CONGRE 3	M NGRESS COMMITTEE	FEC ID number FEC ID number FEC ID number FEC ID number	 C C00849844 C C00846501 C C00863829 C
6. Name of Any Connected C	Drganization, Affiliated Committee, Joint Fundra		, or Leadership PAC Sponsor
Mailing Address Relationship:	CITY Organization Affiliated Committee Joint	· · · · · · · · · · · · · · · · · · ·	Leadership PAC Sponsor
	by name, address (phone number – optional)		
Full Name			
		STATE	

Name of Bank, Depository, etc.																							
Mailing Address																							
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