Only

# STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Finstad for Congress PO Box 923 ADDRESS (number and street) (Check if address is changed) New Ulm 56073 MNCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address finstad@pdscompliance.com is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://finstadforcongress.com (Check if address is changed) DATE 2025 C00807743 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 02 06 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. (Comple information below.)	ete the candidate
Name of Candidate Finstad, Brad, , ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State MN District 01
(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 Republication	ocratic, llican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	bor Organization
Membership Organization Trade Association Cod	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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 (Hybro	rid 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 t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1	

ı	FEC Form 1 (Revised 0)	2/2009)			Page <b>3</b>
٧	/rite or Type Committee Name				
_	Finstad for Cong				
6.	-	ganization, Affiliated Committee,	Joint Fundraising Represe	entative, or Leader	ship PAC Sponsor
	Finstad Victory Comm				
	Mailing Address	PO Box 183			
		1			
		Hudson		WI 54016	1_1
		CITY A	9'	TATE ▲	ZIP CODE ▲
	Balatianakia				
	Relationship: Connected	Organization Affiliated Organizat	tion X Joint Fundraising R	epresentative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number	r optional) and position of th	ne person in possess	sion of committee
	Kilgore, Pa	ul, , ,			
	Full Name	004 C Millada a Ava			
	Mailing Address	824 S Milledge Ave			
		Suite 101	<u> </u>		
		Athens		GA   30605	[-]
		CITY ▲	S	TATE ▲	ZIP CODE ▲
	Title or Position ▼	<del>-</del>	_	····-	
	Treasurer		Telephone numbe	706	534 7780
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optionalssistant treasurer).	al) of the treasurer of the co	ommittee; and the n	ame and address of
	Full Name Kilgore, Par of Treasurer	ul, , ,			
		<sub>1</sub> 824 S Milledge Ave			
	Mailing Address	Suite 101			
		Suite 101			
		Athens		GA 30605	
		CITY A	S	TATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone numbe	er	534 7780

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent Mailing Address	Goode, Michael, , ,  824 S Milledge Ave  Suite 101  Athens	GA	30605
	CITY A	STATE ▲	ZIP CODE ▲
Title or Position	•		
Assistant Treasu	er 	ne number 706	5 534 7780
	Depositories: List all banks or other depositories in which the coxes or maintains funds.	mmittee deposits fun	nds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Chain Bridge Bank		
Mailing Address	1445A Laughlin Avenue		
	McLean	VA	22101
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Wells Fargo Bank		
Mailing Address	8302 Woodmont Avenue		
	Bethesda	MD	20814
	CITY A	STATE ▲	ZIP CODE ▲

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

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1.						
				FEC I	D number	C
2. 🔟				FEC I	D number	С
3. 💷				FEC I	D number	С
4. 🔟				FEC I	D number	C
	-	_	, Affiliated Committee, Joint	_	-	re, or Leadership PAC Spons
Maili	ing Address	PO BOX 30	0844			
		BETHESD	A 	<u> </u>	MD	20824
			CITY A		STATE ▲	ZIP CODE ▲
Designate	d Agent: Identif	d Organization y by name, ad		≺ Joint Fundraisin	g Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na	Connecte  d Agent: Identif		Affiliated Committee		g Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na	Connected		Affiliated Committee		g Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na	Connecte  d Agent: Identif		Affiliated Committee		g Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na Mailing	Connecte  d Agent: Identif	y by name, ad	Affiliated Committee		g Represent	
Designate Full Na Mailing	Connecte  d Agent: Identif	y by name, ad	Affiliated Committee		STATE A	Leadership PAC Sp

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

Page	of <sup>8</sup>	
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(h). <b>Joint Fundraisi</b>	ig Participant:		
1.		FEC ID numb	er C
2.		FEC ID numb	er C
3.	<u> </u>	FEC ID numb	er C
4.		FEC ID numb	er C
Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadership PAC Spons
GREATER MINNES	OTA VICTORY FUND		
Mailing Address	PO BOX 183		
	1		
	HUDSON	, , , , , wi	54016
Relationship:	CITY A	STATE	ZIP CODE A
		1	
	Affiliated Committee Affiliated Committee	Joint Fundraising Repre	Sentative Leadership PAC Sp
Designated Agent: Identi			Sentative Leadership PAC Sp
Designated Agent: Identi			Leadership PAC Sp
Designated Agent: Identi			Leadership PAC Sp
Designated Agent: Identi	y by name, address (phone number – option	nal)	
Designated Agent: Identi	by by name, address (phone number – option	nal) STATE	
Designated Agent: Identi  Full Name    Mailing Address	by by name, address (phone number – option	nal)	
Designated Agent: Identi  Full Name    Mailing Address	by by name, address (phone number – option	nal) STATE	
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	cy by name, address (phone number – option — option — CITY ▲  CITY ▲  Pries: List all banks or other depositories in —	STATE Telephone Number	ZIP CODE A
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite tafety deposit boxes or mailing and maili	cy by name, address (phone number – option — option — CITY ▲  CITY ▲  Pries: List all banks or other depositories in —	STATE Telephone Number	ZIP CODE A
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	cy by name, address (phone number – option — option — CITY ▲  CITY ▲  Pries: List all banks or other depositories in —	STATE Telephone Number	ZIP CODE A
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the safety deposit boxes or make the saf	cy by name, address (phone number – option — option — CITY ▲  CITY ▲  Pries: List all banks or other depositories in —	STATE Telephone Number	ZIP CODE A
Pesignated Agent: Identi  Full Name	cy by name, address (phone number – option — option — CITY ▲  CITY ▲  Pries: List all banks or other depositories in —	STATE Telephone Number	ZIP CODE A
Pesignated Agent: Identi  Full Name	cy by name, address (phone number – option — option — CITY ▲  CITY ▲  Pries: List all banks or other depositories in —	STATE Telephone Number	ZIP CODE A

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

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Page	of °	

h). <b>Joint Fundrais</b>	<b>5</b> 1		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint F	undraising Representativ	re or Leadership PAC Spon
Fisch & Fin Fund			
Mailing Address	PO Box 153		
	Litchfield	MN	55355
Relationship:	CITY ▲	STATE A	ZIP CODE A
	Affiliated Committee X  fy by name, address (phone number – options	Joint Fundraising Represen	tative Leadership PAC Sp
			tative Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – options		ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – options	al)	
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO	fy by name, address (phone number – options)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – options)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – options)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – options)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A

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

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(h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
GT FARM TEAM 20:	24 		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Spo
Connecte	Affiliated Committee X J		ative Leadership PAC Spo
Connecte			ative Leadership PAC Spo
Connecte  Designated Agent: Identif			ative Leadership PAC Spo
Connecte  Designated Agent: Identif			ative Leadership PAC Spo
Connecte  Designated Agent: Identif			ative Leadership PAC Spo
Connecte  Designated Agent: Identif	fy by name, address (phone number – optional		ative Leadership PAC Spo
Connecte  Designated Agent: Identification  Full Name  Mailing Address	fy by name, address (phone number – optional		
Connecte  Designated Agent: Identification  Full Name  Mailing Address	fy by name, address (phone number – optional	STATE A	
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor	fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite the safety deposit boxes or market.	fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor	fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposited afety deposit boxes or make the state of Bank,	fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite to the safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite to the safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A