**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rob for PA 11 Dock St Box 971 ADDRESS (number and street) (Check if address is changed) Pittston 18640 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS bresnahan@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00852137 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,, 05 14 2024 Signature of Treasurer Kilgore, Paul, , , Date 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 F	Form 1 (Revised 03/2022) Page 2	
TY	PE OF COMMITTEE:	
Ca	andidate 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 candidate information below.)	
	Name of Candidate Bresnahan, Rob, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate PA President District 08	
(c)		
	Name of Candidate	
<b>Pa</b> (d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party	
Ро	olitical Action 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 Labor Organization	
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		
	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.	
Jo	oint 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. C	

	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
٧	rite or Type Committee Name			
<u> </u>	Rob for PA  Name of Any Connected O	rganization, Affiliated Committee, Joir	nt Fundraising Representat	tive. or Leadership PAC Sponsor
-	EMMER MAJORITY		g	, <u></u>
	Mailing Address	824 S. MILLEDGE AVE. STE. 101		
		1		
		ATHENS	GA	30605
		CITY ▲	STATE	ZIP CODE ▲
	Palationahin: Connected	Organization Affiliated Organization		
	Relationship: Connected	Organization Allillated Organization	X Joint Fundraising Repre	sentative Leadership PAC Sponso
7.	Custodian of Records: Identi	fy by name, address (phone number o	ptional) and position of the pe	erson in possession of committee
	books and records.			
	Kilgore, Pa	ul, , ,		
		824 S Milledge Ave Ste 101		
	Mailing Address			
		Athens	GA	
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	706 534 7780
8.	any designated agent (e.g., a	d address (phone number optional) cassistant treasurer).	of the treasurer of the comm	ittee; and the name and address of
	Full Name Kilgore, Pa	ul, , ,		
	Moiling Address	824 S Milledge Ave Ste 101		
	Mailing Address			
		Athono		00005
		Athens	GA	30605
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	706 534 7780

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Goode, Michael, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 306	05
Title or Position <b>▼</b>	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasur		. 534 - 7780
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	olds accounts, rents
Name of Bank, D	pepository, etc.	
	Classic City Bank	
Mailing Address	2365 W Broad St	
	Athens GA 3060	06
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Chain Bridge Bank	
Mailing Address	1445-A Laughlin Ave	
	McLean VA 2210	01
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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1						
2.				FEC II	D number	C
				FEC II	D number	С
3				FEC II	D number	C
4.				FEC II	D number	C
-			iated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spo
GROW TH	HE MAJORIT	ΓΥ 				
Mailing /	Address	228 S Washingto	on St			
		Ste 115				
		Alexandria			Ŭ VA □	22314
Relations	nship:		CITY A		STATE ▲	ZIP CODE ▲
		Organization by name, address	Affiliated Committee	Joint Fundraisin	g Representa	ative Leadership PAC S
Designated A	Agent: Identify				g Representa	ative Leadership PAC S
Designated A	Agent: Identify				g Representa	ative Leadership PAC S
Designated A	Agent: Identify				g Representa	ative Leadership PAC S
Designated A	Agent: Identify		(phone number – option			
Designated And Full Name Mailing Add	Agent: Identify	by name, address			g Representa	Ative Leadership PAC S

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

Page	of <sup>8</sup>	

1				
2.		FE0	C ID number	С
		FE0	C ID number	С
3.		FE(	C ID number	С
4		FE(	C ID number	С
Name of Any Connected	Organization, Affiliated Committee	, Joint Fundraising	Representativ	/e, or Leadership PAC Spon
	. 924 CANLLEDGE AVE			
Mailing Address	824 S MILLEDGE AVE			
	STE 101			
	ATHENS		☐ GA	30605
Relationship:	CITY A		STATE A	ZIP CODE ▲
Connected esignated Agent: Identify	Organization Affiliated Committee  by name, address (phone number			
esignated Agent: Identify			1 1 1 1	
esignated Agent: Identify				
esignated Agent: Identify				
esignated Agent: Identify	by name, address (phone number			
esignated Agent: Identify	by name, address (phone number		STATE A	ZIP CODE A

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

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i aye	OI.	

(h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected SCALISE LEADERS	d Organization, Affiliated Committee, Joint Fo SHIP FUND 2024	undraising Representativ	e, or Leadership PAC Spons
Mailing Address	320 1ST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optiona	l)	
Pesignated Agent: Ident	ify by name, address (phone number – optiona	<b>I)</b>	
	ify by name, address (phone number – optiona	l)	
Full Name	ify by name, address (phone number – optiona	l)	
Full Name	ify by name, address (phone number – optiona	l)	
Full Name	CITY	STATE A	ZIP CODE A
Full Name Mailing Address	CITY		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	CITY ▲  ories: List all banks or other depositories in which is the state of the s	STATE A Telephone Number	
Full Name Mailing Address	CITY ▲  ories: List all banks or other depositories in which is the state of the s	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	CITY ▲  CITY ▲  Ories: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or not be boxed.	CITY ▲  CITY ▲  Ories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or not be boxed and a second control of Bank, depository, etc.	CITY ▲  city ▲  cories: List all banks or other depositories in what with the state of the stat	STATE A  Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or not be boxed and a second control of Bank, depository, etc.	CITY ▲  city ▲  cories: List all banks or other depositories in what with the state of the stat	STATE A  Telephone Number	s funds, holds accounts, rents

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

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Page	of °	

Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership Property Designated Agent: Identify by name, address (phone number – optional)  Full Name Mailing Address	ID number C ID number C ID number C  Expresentative, or Leadership PAC Sponsor
ATHENS  Relationship:  CITY A  STATE A  A STATE A  A TIP CODE  CITY A  STATE A  A TIP CODE  CITY A  STATE A  A TIP CODE  CITY A  STATE A  TIP CODE  CITY A  STATE A  TIP CODE  CITY A  STATE A  TIP CODE  CITY A  STATE A  TIP CODE  CITY A  STATE A  TIP CODE	ID number C ID number C  Expresentative, or Leadership PAC Sponsor
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC 3  2A DEFENSE FUND  Mailing Address  824 S MILLEDGE AVE STE 101  ATHENS  ATHENS  CITY A  STATE A  ZIP CODE  Mailing Address  CITY A  STATE A  A TIP CODE  CITY A  STATE A  CITY A  STATE A  ZIP CODE  CITY A  Mailing Address	epresentative, or Leadership PAC Sponsor
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC 3  2A DEFENSE FUND  Mailing Address  824 S MILLEDGE AVE STE 101  ATHENS  ATHENS  Relationship:  CITY A  STATE A  ZIP CODE  Mailing Address  Affiliated Committee  Mailing Address  CITY A  STATE A  ZIP CODE  Affiliated Committee  Mailing Address  Affiliated Committee  Mailing Address  STATE A  ZIP CODE	epresentative, or Leadership PAC Sponsor
ATHENS  Relationship:  CITY A  STATE A  STATE A  ATHENS  CITY A  STATE A  ATHENS  CITY A  STATE A  CITY A  CITY A  STATE A  CITY A  STATE A  CITY A  CITY A  STATE A  CITY A  CITY A  STATE A  CITY A	
ATHENS  Relationship:  CITY A  STATE A  STATE A  CITY A  STATE A  STATE A  CITY A  CITY A  STATE A  CITY A  STATE A  CITY A  STATE A  CITY A  STATE A  CITY	
Mailing Address  824 S MILLEDGE AVE STE 101  ATHENS  GA 30605  Relationship: CITY  STATE  ZIP CODE  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership Property  Leadership Property  STATE  STATE  ZIP CODE  Mailing Address  Mailing Address	GA 30605
ATHENS  ATHENS  CITY A  STATE A  ZIP CODE  Connected Organization  Affiliated Committee  Affiliated Committee  Affiliated Committee  Mailing Address  CITY A  STATE A  ZIP CODE  CITY A  STATE A  ZIP CODE  CITY A  STATE A  ZIP CODE	GA 30605
ATHENS  ATHENS  CITY A  STATE A  ZIP CODE  Connected Organization  Affiliated Committee  Affiliated Committee  Affiliated Committee  Mailing Address  CITY A  STATE A  ZIP CODE  CITY A  STATE A  ZIP CODE  CITY A  STATE A  ZIP CODE	GA 30605
ATHENS  ATHENS  Relationship:  Connected Organization  Affiliated Committee  Affiliated	GA 30605
Relationship:  CITY A STATE A ZIP CODE  Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership Property of the state of the st	GA 30605
Relationship:  CITY A  STATE A  ZIP CODE  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership Properties  Leadership Properties  Leadership Properties  Mailing Address  CITY A  STATE A  ZIP CODE  ZIP CODE	GA 30605
Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership Property of the Control of the Contr	
Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A STATE A ZIP CODE	STATE ▲ ZIP CODE ▲
Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A STATE A ZIP CODE	ng Representative Leadership PAC Spons
CITY A STATE A ZIP CODE	
TITLE OR POSITION TO STATE A ZIP CODE A	
TITLE OR POSITION V CITY A STATE A ZIP CODE A	
TITLE OR POSITION TO CITY A STATE A ZIP CODE A	
	STATE ▲ ZIP CODE ▲
	Number         -         -