Only

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STATEMENT OF **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. KEVIN KILEY FOR CONGRESS 9458 TREELAKE RD. ADDRESS (number and street) (Check if address is changed) **GRANITE BAY** 95746 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS DAVID@THEAGENCY.US (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00801985 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Bauer, David, , , Type or Print Name of Treasurer Bauer, David, , , [Electronically Filed] 01 27 2023 Signature of Treasurer 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

E	EC 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 the information below.)	candidate
	Name of Candidate KILEY, KEVIN, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State CA District 03
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Ç
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political 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 Org	anization
	Membership Organization Trade Association Cooperation	<i>v</i> e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 02	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	KEVIN KILEY F	FOR CONGRESS	
6.		ganization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
	KILEY CA VICTORY	FUND	
	Mailing Address	9458 TREELAKE RD.	
		GRANITE BAY	95746
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repre	esentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	ry by name, address (phone number optional) and position of the p	person in possession of committee
	BAUER, DA	VID, , ,	
	Full Name		
	Mailing Address	9458 TREELAKE RD.	
		GRANITE BAY	95746
		CITY ▲ STATI	E ▲ ZIP CODE ▲
	Title or Position ▼	GITT Z	E ZIF CODE Z
	Custodian of Records	Telephone number	916 473 - 4298
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the comn ssistant treasurer).	nittee; and the name and address of
	Full Name BAUER, DA	VID, , ,	
	of Treasurer		
	Mailing Address	9458 TREELAKE RD.	
		GRANITE BAY	95746
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	916 - 473 - 4298

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Full Name of Designated Agent	None, , , ,	
Mailing Address		
Title or Position ▼	CITY ▲ STATE	▲ ZIP CODE ▲
	Depositories: List all banks or other depositories in which the committee deposites or maintains funds.	sits funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	CALIFORNIA BANK AND TRUST	
Mailing Address	550 SOUTH HOPE ST. #100	
	LOS ANGELES CA	90071
	CITY ▲ STATE	▲ ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Evolve Bank and Trust	
Mailing Address	301 Shoppingway Blvd.	
	West Memphis AR	72301
	CITY ▲ STATE	▲ ZIP CODE ▲

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

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5(a)	or(h). Joint Fundraising	ı Participant:		
(3)	1.			C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	ising Representative,	or Leadership PAC Sponsor
	Mailing Address	P.O. Box 30844		
		Bethesda	MD	20824
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representat	ive Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY A		
3.	Full Name	CITY A	STATE ▲	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY CITY Tele ies: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tele ies: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY CITY Tele ies: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundrais i	1	FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TAKE BACK TH			
Mailing Address	P.O. BOX 30844		
	BETHESDA	, , , MD ,	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	fy by name, address (phone number – optional)	r Fundraising Hepresenta	Leadership PAC Sp
esignated Agent: Ident		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Ident		T-undraising Hepresenta	Leadership PAC S
esignated Agent: Ident		T-Fundraising Hepresenta	Leadership PAC S
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional) CITY		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	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 – optional) CITY CITY Te	STATE A	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 – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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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	C
4.		FEC ID number	С
Protect the House	Organization, Affiliated Committee, Joint Fune 2024	draising Representative	e, or Leadership PAC Spon
Mailing Address	P.O. Box 30844		
	Dully a de	MD	20004
	Bethesda	MD MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional) CITY	STATE A	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank,	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A