Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. RESCHENTHALER VICTORY FUND 824 S Milledge Ave ADDRESS (number and street) (Check if address Suite 101 is changed) Athens 30605 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS RVF@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 23 2020 C00689836 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. Kilgore, Paul, , MR., Type or Print Name of Treasurer Kilgore, Paul, , MR., [Electronically Filed] 02 01 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

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate	date information below.)
(b) This committee is an authorized committee, and is NOT a principal cam information below.)	npaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Ser	nate President District
(c) This committee supports/opposes only one candidate, and is NOT an a	uthorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organ	nization 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) This committee supports/opposes more than one Federal candidate, and committee. (i.e., nonconnected committee)	d is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify spor	nsor on line 6.)
(g) This committee is an independent expenditure-only political committee (s	Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-committee with both contribution and non-committee.	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 discommittees/organizations, at least one of which is an authorized commit	•
(j) This committee collects contributions, pays fundraising expenses and discommittees/organizations, none of which is an authorized committee of	
Committees Participating in Joint Fundraiser	
GUY FOR CONGRESS	C C00657833
RVFPAC	C C00689208

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۷	Vrite or Type Committ	tee Name	
	RESCHE	NTHALER VICTORY FUND	
6.	Name of Any Con	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	Mailing Address		
		CITY ▲ STATE ▲ ZIF	P CODE ▲
	Relationship: C	Connected Organization Affiliated Organization Joint Fundraising Representative Lea	dership PAC Sponso
7.	Custodian of Reco books and records.	ords: Identify by name, address (phone number optional) and position of the person in possession	of committee
	ŀ	Kilgore, Paul, , MR.,	
	Full Name		
	Mailing Address	824 S Milledge Ave	
		Suite 101	
		Athens GA 30605	
		CITY ▲ STATE ▲ ZII	CODE A
	Title or Position ▼		
	TREASURER	Telephone number 706 - 534	7780
8.		name and address (phone number optional) of the treasurer of the committee; and the name ent (e.g., assistant treasurer).	and address of
	Full Name	Kilgore, Paul, , MR.,	
	of Treasurer		
	Mailing Address	824 S Milledge Ave	
		Suite 101	
		Athens GA 30605	
	Title or Position ▼	CITY ▲ STATE ▲ ZIF	P CODE ▲
	TREASURER		4 7780

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Full Name of Designated Agent	Goode, Michael, , ,	
Mailing Address	824 S Milledge Ave	
	Suite 101 Athens	GA 30605
Title or Desition	CITY ▲	STATE ▲ ZIP CODE ▲
Title or Position Assistant Treasu	er	phone number 706 - 534 - 7780
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which these or maintains funds.	e committee deposits funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	Classic City Bank	
Mailing Address	2365 West Broad St	
	Athens	GA 30606
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲	STATE ▲ ZIP CODE ▲

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 Fundraisi r NRCC	ig i articipant.		C C00075820
1.		FEC ID number	
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint F	Fundraising Representativ	e, or Leadership PAC Spor
Mailing Address			
			I I-I .
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee y by name, address (phone number – optional	Joint Fundraising Represent	ative Leadership PAC S
	d Organization Affiliated Committee y by name, address (phone number – optional		ative Leadership PAC S
esignated Agent: Identif			ative Leadership PAC S
esignated Agent: Identif			ative Leadership PAC S
esignated Agent: Identif		al)	ative Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optiona	al)	
esignated Agent: Identif	y by name, address (phone number – optiona	al)	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or m	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A