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. Esther Joy King Victory Fund 824 S Milledge Ave ADDRESS (number and street) Suite 101 (Check if address is changed) Athens 30605 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS admin@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00780874 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, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 08 2022 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

FE	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.)	ne candidate		
	Name of Candidate			
	Candidate Office Party Affiliation Sought: House Senate President	State District		
	(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 (Democrati	ic, n, etc.) Party		
	Political Action Committee (PAC):			
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:		
	Corporation Corporation w/o Capital Stock Labor C	Organization		
	Membership Organization Trade Association Cooper	ative		
	In addition, this committee is a Lobbyist/Registrant PAC.			
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 P	AC).		
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political		
	Committees Participating in Joint Fundraiser			
	1. ESTHER FOR CONGRESS			
	JOY PAC C00760629			

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٧	Write or Type Committee Esther Jov	Y King Victory Fund	
6.		ected Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
	ITOITE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Con	onnected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	Custodian of Record books and records.	ds: Identify by name, address (phone number optional) and position of the person in po	ssession of committee
	Kilç	lgore, Paul, , ,	
	Full Name		
	Mailing Address	824 S Milledge Ave	
		Suite 101	
		Athens GA 30	0605
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 706	_ 534 7780
<u> </u>		name and address (phone number optional) of the treasurer of the committee; and to the treasurer of the committee; and to the treasurer of the committee; and the committee of the committee	the name and address of
		lgore, Paul, , ,	
	of Treasurer	.924 S Millodge Ave	
	Mailing Address	824 S Milledge Ave	
		Suite 101	
		Athens GA 30	0605
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	_ 534 7780

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Full Name of Designated Agent	Goode, Michael, , ,		
Mailing Address	824 S Milledge Ave		
	Athens	GA	30605
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone nu	umber	
	Depositories: List all banks or other depositories in which the commit	ttee deposits fund	ds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Classic City Bank		
Mailing Address	2365 West Broad St		
	Athens	GA L	30606
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
		1.1.1	
	CITY A	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 Fundraisin	, and openie		C C00075820
1.		FEC ID number	
2. LILINOIS REPU	IBLICAN PARTY - FEDERAL	FEC ID number	C C00005926
3.		FEC ID number	С
4		FEC ID number	С
lama of Any Connected	Owner institute Affiliated Committee Islant France	ducining Dominocontative	a ay Landayahin DAC Coan
Any Connected	Organization, Affiliated Committee, Joint Fund	araising nepresentative	e, or Leadership PAC Spon
1			
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify	Organization Affiliated Committee Join by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify Full Name		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify Full Name _ _ _		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name _ _ Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A