RECEIVED

2011 MAR 18 AM 9: 26

FEC MAIL CENTER

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

| 1. NAME OF COMMITTEE (in full) | (Check if is change | | xample:If typing, type ver the lines. | 12FE4M5 | en eur seine en eur bes ^e |
|--|----------------------|---|---|---------------------------------|--|
| Si mpisoni-LAU | BRADOR | VII CITIC | ory Fund | | |
| | | 1 1 1 1 1 | | | |
| ADDRESS (number and street) | PO BOX | 167 | 1 | | |
| (Check if address is changed) | | | <u> </u> | | |
| io sinaligos, | Bouss | | TO | 83791 | |
| | | CITY | | STATE | ZIP CODE |
| COMMITTEE'S E-MAIL ADDRES | 3S (Please provide c | only one e-mail | address) | | |
| (Check if address | CORDSIL | 1600 | higstowe | 244 and oc | OM |
| is changed) | بليليل المساول | | a contract of the second | 1 1 1 1 | |
| COMMITTEE'S WEB-PAGE ADD | orel of appropriate | ्रा अक्टूबिक अमेर इ.स.च्या अस्टूबिक अस्टूबिक | englose precharación amegica | تنو شاء الاتفاء وفاياني الخرابي | Hab Dougles, 1. Kirthy Corporation |
| (Check if address | <u> </u> | 1 1 1 1 1 | 111111 | 1411 | |
| is changed) | | | | | |
| 2. DATE 03 / | 0 201 | 7°: | | | |
| 3. FEC IDENTIFICATION NU | JMBER | C : | on a ver Ser Servi | | |
| 4. IS THIS STATEMENT | NEW (N) | OR | AMENDED (A) | | |
| I certify that I have examined th | is Statement and to | the best of m | y knowledge and belief i | t is true, correct | and complete. |
| Type or Print Name of Treasurer Cordell Chigbrow | | | | | |
| Signature of Treasurer | se Ce | | | Date 0 2 | 3 11 2011 |
| NOTE: Submission of false, errone | • | <u>-</u> | subject the person signing | | |
| Office Use Only | 777 | · | For further information of Federal Election Commissi Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) |

| | FEC F | orm 1 (Revised 02/2009) | Page 2 |
|------|----------------------|--|--|
| | | COMMITTEE | |
| Cer | 77.5 | e 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. (Complinformation below.) | ete the candidate |
| | ne of didate | | |
| | didate y Affiliat | Office Sought: House Senate President | State |
| (c) | · · · | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| | ne of didate | | |
| Par | ty Coi | nmittee: | |
| (d) | | | Democratic, epublican, etc.) Party. |
| Poli | itical A | action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6. | ected organization is a: |
| (0) | 4 have | | Labor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | v" . 1-1 | This committee supports/opposes more than one Federal candidate, and is NOT a separate seg | regated fund or party |
| | | committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Rogistrant PAC. | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | nt Fund | fraising Representative: | |
| (g) | X | 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 |
| (h) | 177. 2 177. 3 | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two | or more political |
| | . A.S. | committees/organizations, none of which is an authorized committee of a federal candidate. | · |
| | Con | mittees Participating in Joint Fundraiser | |
| | 1. | SI MPSON FOR IDAHO FEC ID number C 003 | 331397 |
| | 2. | RAWI KABRADOR FOR HOAKON FEC ID number C 00 | 170948 |
| | 3. | FEC ID number C | engreengering ministration (i.e., p.) V |
| | 4. | FEC ID number C | |
| | | | • |

| FEC Form 1 (Revise | ed 02/2009) | Page 3 |
|---|---|-----------------------------------|
| Write or Type Committee Na | ame . | |
| 6. Name of Any Connecte | d Organization, Affiliated Committee, Joint Fundraising Representative | ve, or Leadership PAC Sponsor |
| PIAINI LIAIBIRI | HOOR FOR EDANO | |
| | | |
| Mailing Address | POBOXIBUS IIIIII | |
| | | |
| | Boi BE 11111111111111111111111111111111111 | B3701- |
| | CITY STATE | ZIP CODE |
| Relationship: Conne | cted Organization Affiliated Committee Joint Fundraising Represe | ntative Leadership PAC Sponso |
| Custodian of Records: I books and records. | dentify by name, address (phone number optional) and position of the | person in possession of committee |
| Full Name CLO K | EDELI Chiquion | |
| Mailing Address | POBOX 17807 | |
| | | |
| | Bo158 1 | 183707 - 1807 |
| Title or Position | CITY STATE | ZIP CODE |
| TREASURE | Telephone number | 2081-13 01 1-11040 |
| Treasurer: List the name any designated agent (e.g. | and address (phone number optional) of the treasurer of the committed., assistant treasurer). | ee; and the name and address of |
| Full Name of Treasurer | 2.DSII ChigBrow | |
| Mailing Address | POBOX 7807 | |
| | | |
| | Boiss III | 183707 - 1807 |
| Title or Position | CITY STATE | ZIP CODE |
| TREASURS | Telephone number | 208 - 381 - 1040 |

| FEC Form 1 (Revised | 1 02/2009) | | Page 3 |
|--|---|-----------------------------------|--------------------------------|
| Write or Type Committee Nam | ne | | |
| 6. Name of Any Connected | Organization, Affiliated Committee, Joint | Fundraising Representative, o | r Leadership PAC Sponsor |
| SI IMASION IFO | 14 ITINAHO | | 111111111 |
| | | | |
| Mailing Address | VHB171 PAITKWAY H | ari us I I I I | |
| | | 1111111 | |
| | BILLACK JOIOTT !!! | | 832211-111 |
| | CITY | STATE | ZIP CODE |
| Relationship: Connect | ed Organization Affiliated Committee | Joint Fundraising Representati | ve |
| 7. Custodian of Records: Idebooks and records. | entify by name, address (phone number c | optional) and position of the per | son in possession of committee |
| Full Name | -AYNE VAN | OR DEN | |
| Mailing Address | 1487 PARKWA | Y DR | |
| | | 111111 | <u> </u> |
| | LB lack foot | 7.0 | 832711- |
| Title or Position | CITY | STATE | ZIP CODE |
| TREASURE | : | Telephone number | 18-136.71-11.9.27 |
| Treasurer: List the name a any designated agent (e.g., | nd address (phone number optional) of the assistant treasurer). | ne treasurer of the committee; a | and the name and address of |
| Full Name of Treasurer | LAYNE !! VAN | ORDEN | |
| Mailing Address | 1487 PARK | WAY DR | |
| | | | |
| | BLACKFOOT | STATE | ZIP CODE |
| Title or Position | <u></u> | Telephone number 2p | 8-367-11927 |
| | | | |

| <u> </u> | FEC Forr | n 1 (Revised 02/2009) | Page 4 |
|----------|----------------------------------|--|--------------------------|
| | | | |
| D | ull Name of esignated gent | | |
| М | lailing Address | | |
| | | | |
| | | CITY STATE | ZIP CODE |
| Ti | itle or Position | Telephone number | J |
| sa | | Depositories: List all banks or other depositories in which the committee deposits fundances or maintains funds. Depository, etc. | s, holds accounts, rents |
| | | MOUNTAIN WEST BANK | |
| М | Mailing Address | 1800 W. BANNOCK ST. | |
| | | | |
| | | Baise 120 (| 33707- |
| | | CITY STATE | ZIP CODE |
| N: | lame of Bank, [| Depository, etc. | |
| | | | |
| М | Mailing Address | | |
| | | | |
| | | | |
| | | CITY STATE | ZIP CODE |

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMMENT The FEC added this page to the end of this filing to in | OMING DOCUMENTS |
|---|-----------------------------|
| Hand Delivered | Date of Receipt |
| USPS First Class Mail | Postmarked 3/11/11 |
| USPS Registered/Certified | Postmarked (R/C) |
| USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature | Confirmation™ Label |
| USPS Express Mail | Postmarked |
| Postmark Illegible | |
| No Postmark | |
| Overnight Delivery Service (Specify): | Shipping Date |
| Next E | Business Day Delivery |
| Received from House Records & Registration Offic | Date of Receipt e |
| Received from Senate Public Records Office | Date of Receipt |
| Received from Electronic Filing Office | Date of Receipt |
| Other (Specify): | te of Receipt or Postmarked |
| & | 3/18/1 |
| PREPARER | DATE PREPARED |

(3/2005)