Only

## STATEMENT OF

PAGE 1 / 4

**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. GEM STATE PAC 1140 S ALLANTE AVE ADDRESS (number and street) (Check if address is changed) **BOISE** 83709 ID CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jberg@rdcpa.com (Check if address is changed) Optional Second E-Mail Address info@tholanderconsulting.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2019 C00729897 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. BERG, JOHN, THOMAS, , Type or Print Name of Treasurer BERG, JOHN, THOMAS, , [Electronically Filed] 12 10 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	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	rty Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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.	
( <b>f</b> )			gradated fund or party
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam	ne	
GEM STATE P	PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
FULCHER		
Mailing Address	PO BOX 1375	
Walling Address	MERIDIAN ID 83680  CITY STATE	ZIP CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Representative X Lea	adership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in pos	ssession of committee
BERG, JO	OHN, THOMAS, ,	
Mailing Address	1140 S ALLANTE AVE	
	BOISE ID 83709	
Title or Position	CITY STATE	ZIP CODE
TREASURER		375 - 0550
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Full Name BERG, JO of Treasurer	DHN, THOMAS, ,	
Mailing Address	1140 S ALLANTE AVE	
	BOISE   ID   83709	<u> </u>
Title or Position TREASURER		ZIP CODE  375 - 0550

FFC Forr	<b>n 1</b> (Revised 02/2009)	Page 4
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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit be	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, ho exes or maintains funds.	ids decounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.	ins accounts, rents
safety deposit be	Depository, etc.  NORTHWEST CHRISTIAN CREDIT UNION	accounts, rents
safety deposit be Name of Bank,	Depository, etc.  NORTHWEST CHRISTIAN CREDIT UNION	
safety deposit be Name of Bank,	Depository, etc.  NORTHWEST CHRISTIAN CREDIT UNION  6115 W. OVERLAND RD.	
safety deposit be Name of Bank,	Depository, etc.  NORTHWEST CHRISTIAN CREDIT UNION  6115 W. OVERLAND RD.  BOISE  ID 83709  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  NORTHWEST CHRISTIAN CREDIT UNION  6115 W. OVERLAND RD.  BOISE  ID 83709  CITY  STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  NORTHWEST CHRISTIAN CREDIT UNION  6115 W. OVERLAND RD.  BOISE  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  NORTHWEST CHRISTIAN CREDIT UNION  6115 W. OVERLAND RD.  BOISE  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  NORTHWEST CHRISTIAN CREDIT UNION  6115 W. OVERLAND RD.  BOISE  CITY  STATE  Depository, etc.	ZIP CODE