STATEMENT OF

PAGE 1/6

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. MIKE CRAPO FOR US SENATE PO BOX 1948 ADDRESS (number and street) (Check if address is changed) **BOISE** 83701 ID CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS MIKECRAPO@PDSCOMPLIANCE.COM (Check if address X is changed) Optional Second E-Mail Address ADMIN@PDSCOMPLIANCE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00330886 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] 12 2018 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

Only

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	nplete the candidate
Nam Can	e of didate	CRAPO, MICHAEL, , ,	
	didate / Affiliati	on REP Office Sought: House X Senate President	State ID District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo 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 is NOT a separate so committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Dovised	03/3000/	Dogo 2
FEC Form 1 (Revised Write or Type Committee Name		Page 3
	FOR US SENATE	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hin PAC Spansor
-		mp PAC Sporisor
CRAPO VICTORY CO		
Mailing Address	228 S. WASHINGTON ST.	
,	STE. 115	
	ALEXANDRIA VA 22314	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Lea	adership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nai assistant treasurer).	me and address of
Full Name KILGORE,	, PAUL, , ,	1
of Treasurer		
Mailing Address	824 S MILLEDGE AVE, STE 101	
	ATHENS GA 30605	
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 706 -	534 7780

	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address	5	
	CITY STATE	ZIP CODE
Title or Position	1	
	Telephone number	
	boxes or maintains funds.	
	Depository, etc. ZIONS BANK	
	Depository, etc. ZIONS BANK 1890 W MAIN ST	
Name of Bank,	Depository, etc. ZIONS BANK 890 W MAIN ST	
Name of Bank,	Depository, etc. ZIONS BANK 1890 W MAIN ST	
Name of Bank,	Depository, etc. ZIONS BANK 890 W MAIN ST	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. ZIONS BANK 890 W MAIN ST BOISE ID 83702	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. ZIONS BANK 890 W MAIN ST BOISE ID 83702 CITY STATE	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. ZIONS BANK 890 W MAIN ST BOISE CITY STATE Depository, etc. SUNWEST BANK 2050 MAIN ST, STE 300	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. ZIONS BANK 890 W MAIN ST BOISE CITY STATE Depository, etc. SUNWEST BANK 2050 MAIN ST, STE 300	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. ZIONS BANK 890 W MAIN ST BOISE CITY STATE Depository, etc. SUNWEST BANK 2050 MAIN ST, STE 300	ZIP CODE

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

FEC Form 1S (Revised 02/2017) for Lines

Page ____ **of** ____

g) or (h).	Joint Fundraisin	g Participant:			
1.				FEC ID number	C
2.				FEC ID number	C
3.				FEC ID number	С
4.				FEC ID number	С
Name	e of Any Connected	Organization, Affiliate	d Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address				
	Relationship:		CITY ▲	STATE ▲	ZIP CODE ▲
		by name, address (ph	none number – optional)		
Fu	ull Name	by name, address (ph	none number – optional)		
Fu		by name, address (ph	none number – optional)		
Fu	ull Name	by name, address (ph	none number – optional)		
Fu	ull Name		none number – optional)		
Fu Mi	ull Name			STATE A	ZIP CODE A
Fu Mi	ull Name		CITY A		
Manks safety Name	ailing Address FITLE OR POSITION s or Other Depositor deposit boxes or ma	vies: List all banks or o	CITY Te	STATE ▲	
Manks safety Name	lailing Address FITLE OR POSITION s or Other Depositor deposit boxes or main of Bank, sitory, etc.	ries: List all banks or dintains funds. GA BANK	CITY Te	STATE ▲	ZIP CODE A
Manks safety Name	lailing Address FITLE OR POSITION s or Other Depositor deposit boxes or main of Bank, sitory, etc.	ries: List all banks or dintains funds. GA BANK	CITY Te	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

h). Joint Fundraisin				
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
ame of Any Connected	Organization, Affiliated Co	mmittee, Joint Fundra	ising Representativ	ve, or Leadership PAC Spon
1				
Mailing Address				
			1 1 . 1	1
Relationship:	Clī	TY A	STATE A	ZIP CODE A
•		—		
	Organization Affiliated by name, address (phone in		Fundraising Represen	tative Leadership PAC S
			Fundraising Represen	tative Leadership PAC S
esignated Agent: Identify			Fundraising Represen	tative Leadership PAC S
esignated Agent: Identify Full Name _ _ _			Fundraising Represen	tative Leadership PAC S
esignated Agent: Identify			Fundraising Represen	tative Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone r	number – optional)	Fundraising Represent	
esignated Agent: Identify Full Name _ _ _	by name, address (phone r	number – optional)		
esignated Agent: Identify Full Name	by name, address (phone r	number – optional)	STATE A	
Full Name	by name, address (phone r	number – optional)	STATE A ephone Number	ZIP CODE A
Full Name	by name, address (phone r	number – optional)	STATE A ephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone r	number – optional)	STATE A ephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or main arms of Bank, BB&T epository, etc.	by name, address (phone r	number – optional)	STATE A ephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone recommendation of the recommendation of th	number – optional)	STATE A ephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main ame of Bank, BB&T epository, etc.	by name, address (phone recommendation of the recommendation of th	number – optional)	STATE A ephone Number	ZIP CODE A