PAGE 1/7 =

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. 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 is changed) Optional Second E-Mail Address ADMIN@PDSCOMPLIANCE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2021 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] 03 05 2021 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 Only Local 202-694-1100

			- 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	x	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. (Cor	nplete the candidate
Nam Cand	e of didate	information below.) CRAPO, MICHAEL, , ,	1 1 1 1 1 1 1
	didate / Affiliatio	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 co	nnected 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 is NOT a separate s 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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		i age 3
	FOR US SENATE	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadershin PAC Snonsor
-		Leader Ship 1 710 Opensor
CRAPO VICTORY CO		
Mailing Address	228 S. WASHINGTON ST.	
	STE. 115	
	ALEXANDRIA	22314
	CITY STATE	ZIP CODE
	37/12	_
Relationship: Connecte	d Organization Affiliated Committee	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the pers	son in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	nd the name and address of
Full Name KILGORE	, PAUL, , ,	,
of Treasurer		
Mailing Address	824 S MILLEDGE AVE, STE 101	
	ATHENS	30605
Title or Position	CITY STATE	ZIP CODE
TREASURER	706 	5 - 534 - 7780

FEC Form 1 (Re	zevised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
safety deposit boxes or Name of Bank, Deposit		
safety deposit boxes or Name of Bank, Deposit	r maintains funds.	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. DNS BANK 890 W MAIN ST	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. DNS BANK	702
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. DNS BANK 890 W MAIN ST	702
safety deposit boxes or Name of Bank, Deposit	maintains funds. Story, etc. DNS BANK 890 W MAIN ST BOISE ID 837 CITY STATE	
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safety deposit boxes or Name of Bank, Deposit ZIC Mailing Address	PONS BANK 890 W MAIN ST BOISE CITY STATE	
Name of Bank, Deposit ZIC	r maintains funds. Story, etc. DNS BANK 890 W MAIN ST BOISE CITY STATE itory, etc. NWEST BANK	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

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(h). Joint Fundraisi	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 13026		
	AUSTIN	NC NC	78711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Representa	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif		Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif		Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identif	y by name, address (phone number – optional)		
Connecte Designated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites afety deposit boxes or markets.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites afety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. NGA BANK	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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FEC ID number C	(h). Joint Fundraisin		FEC ID number	C
A. FEC ID number C	1.			
A	2.			
ame of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Spot Mailing Address Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ STATE ▲ ZIP CODE ▲ STATE ▲ ZIP CODE ▲ Telephone Number Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number ─ — — — — — — — — — — — — — — — — — —	3.			
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Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — —				
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Connected Organization				
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number BB&T epository, etc. 1909 K ST NW Mailing Address	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number ———————————————————————————————————			Fundraising Representa	tive Leadership PAC S
Telephone Number	esignated Agent: Identify		Fundraising Representa	tive Leadership PAC S
Telephone Number	esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
Telephone Number	esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds. ame of Bank, epository, etc. Mailing Address 1909 K ST NW	esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
afety deposit boxes or maintains funds. ame of Bank, BB&T epository, etc. Mailing Address 1909 K ST NW	esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
epository, etc. 1909 K ST NW Address	esignated Agent: Identify Full Name	by name, address (phone number – optional)	STATE A	
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WASHINGTON 1 DC 120006 1	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
WASHINGTON DC 20006	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposit boxes or material depository, etc.	by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which tentains funds.	STATE A lephone Number	ZIP CODE A
	esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which tentains funds.	STATE A lephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

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h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fo	ındraising Representativ	ve or Leadershin PAC Spon
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Relationship:	CITY ▲	STATE A	ZIP CODE 🛦
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esignated Agent: Identify Full Name Mailing Address	Affiliated Committee by name, address (phone number – optional		
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