**FEC** 

Only

# STATEMENT OF

PAGE 1 / 10 •

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Jim Risch for U.S. Senate Committee 407 W Jefferson Street ADDRESS (number and street) (Check if address is changed) Boise 83702-6049 ID CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@SenatorRisch.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.SenatorRisch.com (Check if address is changed) DATE 01 2023 C00440362 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. Type or Print Name of Treasurer Insinger, R. John, , Date 05 02 2024 Signature of Treasurer Insinger, R. John, , , 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

| EC Form 1 (Revised 03/2022)  | Page 2                       |
|--|------------------------------|
| TYPE OF COMMITTEE:   |                              |
| Candidate 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. (Complet information below.)   | te the candidate             |
| Name of Candidate Risch, James, E, Mr.,  |                              |
| Candidate Party Affiliation 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.  |                              |
| Name of Candidate  |                              |
| Party Committee:   |                              |
| (d) This committee is a (National, State or subordinate) committee of the Republication  | cratic,<br>ican, etc.) Party |
| Political Action Committee (PAC):  |                              |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn  | nected organization is a:    |
| Corporation Corporation w/o Capital Stock Lab  | or Organization              |
| Membership Organization Trade Association Coo  | pperative                    |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                              |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)  | gated 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 (Hybri  | id PAC).                     |
| 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. | wo 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.             | wo or more political         |
| Committees Participating in Joint Fundraiser   |                              |
| 1C   |                              |

| I<br> | FEC Form 1 (Revised 0                                      | 2/2009)   |                                      | Page <b>3</b>              |
|-------|--|---|--------------------------------------|----------------------------|
| ٧     | Vrite or Type Committee Name                               | S. Senate Committee   |                                      |                            |
| 6.    |  | rganization, Affiliated Committee, Joint                    | Fundraising Representative of        | Leadershin PAC Snonsor     |
| 0.    | None   | gamzation, Annuaca Committee, Com                           | rundialising riepiesentative, of     | Leadership 1 AO Oponsoi    |
|       |  |   |                                      |                            |
|       |  |   |                                      |                            |
|       | Mailing Address  |   |                                      |                            |
|       |  |   |                                      |                            |
|       |  | 1   |                                      | I I-I                      |
|       |  | CITY ▲  | STATE ▲                              | ZIP CODE ▲                 |
|       | Relationship: Connected                                    | Organization Affiliated Organization                        | Joint Fundraising Representativ      |                            |
|       | neiationship.  | Organization Allillated Organization                        | Joint Fundraising Representative     | Leadership PAC Sponse      |
| 7.    | Custodian of Records: Idention books and records.          | ify by name, address (phone number opti                     | ional) and position of the person ir | n possession of committee  |
|       | Insinger, R  | . John, , ,   |                                      |                            |
|       | Full Name  |   |                                      |                            |
|       | Mailing Address  | 407 W Jefferson   |                                      |                            |
|       |  |   |                                      |                            |
|       |  | Boise   | ID LID                               | 83702-6049                 |
|       |  | CITY ▲  | STATE ▲                              | ZIP CODE ▲                 |
|       | Title or Position ▼  |   |                                      |                            |
|       | Custodian of Records                                       |   | Telephone number                     | 8                          |
| 8.    | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of tassistant treasurer). | the treasurer of the committee; a    | nd the name and address of |
|       | Full Name Insinger, R of Treasurer                         | . John, , ,   |                                      |                            |
|       | Mailing Address  | 407 W Jefferson   |                                      |                            |
|       |  |   |                                      |                            |
|       |  | Boise   | ID                                   | 83702-6049                 |
|       | Title or Position <b>▼</b>                                 | CITY ▲  | STATE ▲                              | ZIP CODE ▲                 |
|       | Treasurer  | 1   | Telephone number                     | 8     345     9929         |

| FEC <b>Form</b>                     | 1 (Revised 02/2009)   | Page <b>4</b>              |
|-------------------------------------|---|----------------------------|
| Full Name of<br>Designated<br>Agent |   |                            |
| Mailing Addres                      | s   |                            |
|                                     |   |                            |
|                                     |   |                            |
|                                     | CITY ▲ STATE ▲  | ZIP CODE ▲                 |
| Title or Positio                    | n▼  |                            |
|                                     | Telephone number  |                            |
| . Banks or Otho                     | er Depositories: List all banks or other depositories in which the committee deposits fur boxes or maintains funds. | nds, holds accounts, rents |
| Name of Bank                        | Depository, etc.  |                            |
|                                     | US BANK   |                            |
| Mailing Addres                      | s101 Capitol Blvd.  |                            |
|                                     |   |                            |
|                                     | Boise   | 83702                      |
|                                     | CITY ▲ STATE ▲  | ZIP CODE ▲                 |
| Name of Bank                        | Depository, etc.  |                            |
|                                     | Bank of Idaho   |                            |
| Mailing Addres                      | S [6981 W Overland Rd   |                            |
|                                     |   |                            |
|                                     | Boise   | 83409                      |
|                                     | CITY ▲ STATE ▲  | ZIP CODE ▲                 |

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

| _    | - 4 | 10 |  |
|------|-----|----|--|
| Page | of  | 10 |  |

| h). <b>Joint Fundraisi</b>  | ng Participant:  |                             |                           |
|---|--|-----------------------------|---------------------------|
| 1.  |  | FEC ID number               | C                         |
| 2.  |  | FEC ID number               | С                         |
| 3.  |  | FEC ID number               | C                         |
| 4   |  | FEC ID number               | C                         |
| ame of Any Connected  | Organization, Affiliated Committee, Joint Fu   | ndraising Representative    | e, or Leadership PAC Spon |
|   |  |                             |                           |
|   |  |                             |                           |
| Mailing Address   |  |                             |                           |
|   |  |                             |                           |
|   |  |                             |                           |
| Relationship:   | CITY ▲   | STATE ▲                     | ZIP CODE ▲                |
| Connecte  |  | loint Fundraising Represent | Location private of       |
|   | fy by name, address (phone number – optional   |                             |                           |
| esignated Agent: Identi   |  |                             | Leadership PAC Sp         |
| esignated Agent: Identi   |  |                             |                           |
| esignated Agent: Identi   |  |                             |                           |
| esignated Agent: Identi   | fy by name, address (phone number – optional   |                             | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address   | fy by name, address (phone number – optional   |                             |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management are of Bank, Amari | fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh | STATE A Telephone Number    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management are of Bank, Amari | cories: List all banks or other depositories in whaintains funds.  | STATE A Telephone Number    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc  | cories: List all banks or other depositories in whaintains funds.  | STATE A Telephone Number    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc  | cories: List all banks or other depositories in whaintains funds.  | STATE A Telephone Number    | ZIP CODE A                |

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

| h). <b>Joint Fundraisi</b>  | ng Participant:  |                             |                           |
|---|--|-----------------------------|---------------------------|
| 1.  |  | FEC ID number               | C                         |
| 2.  |  | FEC ID number               | С                         |
| 3.  |  | FEC ID number               | С                         |
| 4.  |  | FEC ID number               | C                         |
|   |  |                             |                           |
| ame of Any Connected  | Organization, Affiliated Committee, Joint Fu   | indraising Representative   | e, or Leadership PAC Spon |
|   |  |                             |                           |
|   |  |                             |                           |
| Mailing Address   |  |                             |                           |
|   |  |                             |                           |
|   |  |                             |                           |
| Relationship:   | CITY A   | STATE ▲                     | ZIP CODE ▲                |
|   |  | loint Fundraising Represent | Leadership PAC Sp         |
|   | y by name, address (phone number – optional  |                             | Leadership PAC 5          |
| esignated Agent: Identi   |  |                             | Leadership PAC Sp         |
| esignated Agent: Identi   |  |                             | Leadership PAC S          |
| esignated Agent: Identi   |  |                             | Leadership PAC S          |
| esignated Agent: Identi  Full Name  Mailing Address   | by by name, address (phone number – optional   |                             | ZIP CODE A                |
| esignated Agent: Identi   | by by name, address (phone number – optional   |                             |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | by by name, address (phone number – optional   | STATE A Telephone Number    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | y by name, address (phone number – optional  CITY ▲  CITY ▲  Pries: List all banks or other depositories in wh                     | STATE A Telephone Number    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Ballsto         | y by name, address (phone number – optional  CITY ▲  CITY ▲  Pries: List all banks or other depositories in wh                     | STATE A Telephone Number    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Ballsto         | cories: List all banks or other depositories in whaintains funds.  | STATE A Telephone Number    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cy by name, address (phone number – optional CITY   CITY   CITY   pries: List all banks or other depositories in whaintains funds. | STATE A Telephone Number    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cy by name, address (phone number – optional CITY   CITY   CITY   pries: List all banks or other depositories in whaintains funds. | STATE A Telephone Number    | ZIP CODE A                |

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

| 1.  |                        |                        |                           |                              |
|---|------------------------|------------------------|---------------------------|------------------------------|
| 3.  |                        |                        | FEC ID number             | C                            |
|   |                        |                        | FEC ID number             | С                            |
| 4   |                        |                        | FEC ID number             | C                            |
|   |                        |                        | FEC ID number             | C                            |
| Name of Any Connected                             | Organization, Affiliat | ed Committee, Joint Fo | undraising Representat    | ive, or Leadership PAC Spons |
|   |                        |                        |                           |                              |
|   |                        |                        |                           |                              |
| Mailing Address                                   |                        |                        |                           |                              |
|   |                        |                        |                           |                              |
| Relationship:                                     |                        | CITY A                 | STATE 2                   | ZIP CODE A                   |
|   |                        |                        | Joint Fundraising Represe |                              |
| Connected  Designated Agent: Identify             |                        | phone number – optiona |                           |                              |
| Designated Agent: Identify  Full Name             |                        | phone number – optiona |                           |                              |
| Designated Agent: Identify                        |                        | phone number – optiona |                           |                              |
| Designated Agent: Identify  Full Name   _   _   _ |                        | phone number – optiona |                           |                              |
| Pesignated Agent: Identify  Full Name   _   _   _ |                        |                        |                           |                              |
| Designated Agent: Identify  Full Name             | by name, address (p    | ohone number – optiona |                           | ZIP CODE A                   |

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

| h). <b>Joint Fundraisi</b>   | ng Participant:  |                            |                           |
|--|--|----------------------------|---------------------------|
| 1.   |  | FEC ID number              | C                         |
| 2.   |  | FEC ID number              | С                         |
| 3.   |  | FEC ID number              | С                         |
| 4  |  | FEC ID number              | С                         |
| lame of Any Connected  | Organization, Affiliated Committee, Joint Fu   | ndraising Representative   | e, or Leadership PAC Spon |
|  |  |                            |                           |
|  |  |                            |                           |
| Mailing Address  |  |                            |                           |
|  |  |                            |                           |
|  |  |                            |                           |
| Relationship:  | CITY ▲   | STATE ▲                    | ZIP CODE ▲                |
|  |  | oint Fundraising Represent | Leadership PAC Sp         |
|  | d Organization Affiliated Committee J  y by name, address (phone number – optional)  |                            | Leadership PAC Sp         |
| esignated Agent: Identi  |  |                            | Leadership PAC Sp         |
| esignated Agent: Identi  |  |                            | Leadership PAC Sp         |
| esignated Agent: Identi  |  |                            | Leadership PAC Sp         |
| esignated Agent: Identi  | y by name, address (phone number – optional)   |                            | Leadership PAC Sp         |
| esignated Agent: Identi  Full Name  Mailing Address  | y by name, address (phone number – optional)   |                            |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management.  | y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which   | STATE A Telephone Number   | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and process o | y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white aintains funds.   | STATE A Telephone Number   | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, Finem  | cories: List all banks or other depositories in what aintains funds.  Py by name, address (phone number – optional)  CITY   CITY   A  Pries: List all banks or other depositories in what aintains funds.  Ark National Bank & Trust | STATE A Telephone Number   | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and process o | y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.  B695 College Pkwy  | STATE A Telephone Number   | ZIP CODE A                |

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

| 1  |                                    |  |                  |            |                        |
|--|------------------------------------|--|------------------|------------|------------------------|
| 2.   |                                    |  | FEC ID n         |            | C                      |
|  |                                    |  | FEC ID n         | umber      | C                      |
| 3.   |                                    |  | FEC ID n         | umber      | C                      |
| 4.   |                                    |  | FEC ID n         | umber      | C                      |
| ame of Any Connected C   | organization, Affili               | ated Committee, Joint Fo                   | ındraising Repre | sentative, | or Leadership PAC Spon |
|  |                                    |  |                  |            |                        |
|  |                                    |  |                  |            |                        |
| Mailing Address  |                                    |  |                  |            |                        |
|  |                                    |  |                  |            |                        |
|  |                                    |  |                  |            |                        |
| Relationship:  |                                    | CITY A                                     | S                | TATE 🛦     | ZIP CODE ▲             |
| Full Name  | by name, address                   | (phone number – optiona                    | )                |            |                        |
| Mailing Address  |                                    |  |                  |            |                        |
|  |                                    |  |                  |            |                        |
|  |                                    |  |                  |            |                        |
|  |                                    |  |                  |            |                        |
| TITLE OR POSITION •  | <u> </u>                           | CITY A                                     | STA              | ATE A      | ZIP CODE A             |
| TITLE OR POSITION •  | <b>,</b>                           | CITY A                                     | ST/              |            | ZIP CODE A             |
| anks or Other Depositorion the deposit boxes or main the deposit boxes | es: List all banks                 | or other depositories in wh                | Telephone Num    | ber        |                        |
| anks or Other Depositorion the deposit boxes or main the deposit boxes | es: List all banks on tains funds. | or other depositories in where the company | Telephone Num    | ber        |                        |
| anks or Other Depositorional depositions of Bank, epository, etc.  | es: List all banks on tains funds. | or other depositories in where the company | Telephone Num    | ber        |                        |

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

| h). <b>Joint Fundraisi</b>  | ng 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   | undraising Representativ    | e, or Leadership PAC Spon |
|   |  |                             |                           |
|   |  |                             |                           |
| Mailing Address   |  |                             |                           |
|   |  |                             |                           |
|   |  |                             |                           |
| Relationship:   | CITY ▲   | STATE ▲                     | ZIP CODE ▲                |
|   | d Organization Affiliated Committee  | Joint Fundraising Represent | Leadership 1 Ao of        |
| esignated Agent: Identi   | y by name, address (phone number – optiona   |                             | Leadership TAO O          |
|   |  |                             | ative Leadership PAC Sp   |
| esignated Agent: Identi   |  |                             | Leadership TAO G          |
| esignated Agent: Identi   | y by name, address (phone number – optiona   |                             |                           |
| esignated Agent: Identi   | by by name, address (phone number – optiona  |                             | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address   | by by name, address (phone number – optiona  |                             |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Ohio S          | y by name, address (phone number – optional control of the contro  | STATE A Telephone Number    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Ohio S          | city by name, address (phone number – optional control op | STATE A Telephone Number    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cy by name, address (phone number – optional control of the contro | STATE A Telephone Number    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cy by name, address (phone number – optional control of the contro | STATE A Telephone Number    | ZIP CODE A                |