FEC

Only

STATEMENT OF

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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 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 07 30 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

FEC 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. (Complete the information below.)	ne 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.	District
Name of Candidate	
Party Committee:	
(National, State (Democrati	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Cooper	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 (Hybrid P.	AC).
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.	or more political
(j) 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.	or more political
Committees Participating in Joint Fundraiser	
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	FEC Form 1 (Revised 0)	2/2009)			Page 3
V	/rite or Type Committee Name	N. Camata Camanitta			
		S. Senate Committee			
6.		ganization, Affiliated Committee, Joint Fu	ndraising Repres	entative, or Leade	rship PAC Sponsor
	None				
	Mailing Address				
		CITY ▲	S	TATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising F	Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optiona	al) and position of t	he person in posses	ssion of committee
	Insinger, R. Full Name	John, , , , , , , , , , , , , , , , , , ,			
	Mailing Address				
		Boise		ID 83702	-6049
		CITY ▲	S	TATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Custodian of Records		Telephone number	er	345 9929
3.	any designated agent (e.g., a	l address (phone number optional) of the ssistant treasurer).	treasurer of the co	ommittee; and the i	name and address of
	Full Name Insinger, R. of Treasurer	John, , ,			
	Mailing Address	407 W Jefferson			
		Boise		ID 83702	-6049
	Till B. '''	CITY ▲	S	TATE ▲	ZIP CODE ▲
	Title or Position ▼ Treasurer		Telephone	208 _	345 9929
			Telephone number	er	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position \		
	Telephone number	
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits xes or maintains funds.	funds, holds accounts, rents
Name of Bank, D	Depository, etc.	
	US BANK	
Mailing Address	101 Capitol Blvd.	
	Boise	83702
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	Bank of Idaho	
Mailing Address	6981 W Overland Rd	
	Boise	83409
	CITY ▲ STATE ▲	ZIP CODE ▲

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fo	undraising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	y by name, address (phone number – optiona))	
esignated Agent: Identi	y by name, address (phone number – optiona)	
	y by name, address (phone number – optiona		
Full Name	y by name, address (phone number – optiona		
Full Name	y by name, address (phone number – optiona		
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Full Name	CITY		ZIP CODE A
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5(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	C
6. Name	of Any Connected	Organization, Affiliated Committee, Joint Fundrais	ing Representative	e, or Leadership PAC Sponsor
N	Mailing Address			
F	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint Full	ndraising Representa	ative Leadership PAC Sponsor
	nated Agent: Identify	by name, address (phone number – optional)		
Ful		by name, address (phone number – optional)		
Ful	II Name	by name, address (phone number – optional)		
Ful	II Name	by name, address (phone number – optional)		
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Ful Ma	II Name	CITY A	STATE A	ZIP CODE A
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TI Banks safety Name Deposi	Il Name	CITY CITY Telep ries: List all banks or other depositories in which the intains funds. Spa National Bank 990 NY-67	committee deposit	s funds, holds accounts, rents
TI Banks safety Name Deposi	Il Name	CITY CITY Telep ries: List all banks or other depositories in which the intains funds.	phone Number	

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h). Joint Fundraisir	g Participant:			
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(h). Joint Fundraisi	ig Participant:			
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Designated Agent: Identif				Leadership PAC Spontative
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