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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. Idaho State Democratic Party P O Box 445 ADDRESS (number and street) (Check if address is changed) Boise 83701 ID CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jim@idahodems.org (Check if address is changed) Optional Second E-Mail Address contact@rogerthatcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.idahodems.org (Check if address is changed) DATE 2021 C00010439 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. Robinson, Brent, , , Type or Print Name of Treasurer Robinson, Brent, , , [Electronically Filed] 03 18 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

FEC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE te 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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	(Demogratio
(d) X	This committee is a STA (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 scommittee. (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.)	
Joint Fur	draising 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.	wo or more political
(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
Coi	nmittees 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 Name	е	
Idaho State De	mocratic Party	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Dollars for Democrats		
Mailing Address	430 S Capitol St SE	
	Washington DC L	20003 ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the pers	on in possession of committee
Full Name Robinson, Mailing Address	Brent, , , , P O Box 445	
	Boise	83701
Title or Position	CITY STATE	ZIP CODE
Treasurer		336 - 1815
3. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; ar assistant treasurer).	nd the name and address of
Full Name Robinson, of Treasurer		
Mailing Address	P O Box 445	
	Boise	83701
Title or Desition	CITY STATE	ZIP CODE
Title or Position Treasurer	Z08 Telephone number	336 - 1815

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Edwards, Jim, , ,	
Mailing Address	P O Box 445	
	Boise ID 83701 CITY STATE Z	ZIP CODE
Title or Position Compliance Dire	ector	860 9211
	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc.	accounts, rents
	D L Evans Bank	
Mailing Address	D L Evans Bank 3845 W State Street	
Mailing Address		
Mailing Address		
Mailing Address	Boise ID 83703	ZIP CODE
Mailing Address Name of Bank, D	3845 W State Street Boise CITY STATE	ZIP CODE
Name of Bank, D	3845 W State Street Boise CITY STATE	ZIP CODE
	Boise CITY STATE Depository, etc. Amalgamated Bank	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	I Organization, Affiliated Committee, Joint Fur	ndraising Representative	e or Leadership PAC Spon
	sroots Victory Fund		, e. <u>-</u> eaasisii p 176 ep eil
Mailing Address	430 South Capitol St SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esianated Agent: Identi			
Full Name	fy by name, address (phone number – optional)		1 1 1 1 1 1 1 1 1 1 1
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, pepository, etc.	CITY A	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A	Telephone Number	

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

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1.			
		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Jame of Any Connecte	ed Organization, Affiliated Committee, Joint Fund Corporation	draising Representativ	e, or Leadership PAC Spons
Mailing Address	430 S Capitol St SE		
	Washington 	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ted Organization Affiliated Committee Joi	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Iden Full Name		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Iden		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Iden Full Name		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Iden Full Name	tify by name, address (phone number – optional)		
esignated Agent: Iden	tify by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp

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

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h). Joint Fundraisi		FEC ID number	С
1.		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Biden Victory Fu	nd 		
Mailing Address	430 South Capitol Street, SE		
· ·			
	Washington	DC L	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	EFundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		E Fundraising Representa	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	E Fundraising Representa	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A