PAGE 1 / 4

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. Friends of Idaho Joe for Congress 2895 E Mackay Dr ADDRESS (number and street) (Check if address is changed) Meridian 83642 ID CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS joe@idahojoe4congress.org (Check if address is changed) Optional Second E-Mail Address ijoerevans@hotmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) idahojoe4congress.org (Check if address is changed) DATE 01 2021 C00783183 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. Evans, Joseph, , , Evans Type or Print Name of Treasurer Evans, Joseph, , , Evans [Electronically Filed] 07 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

| ı | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|--------------|----------------|--|--|
| TYPE | E OF C | COMMITTEE | |
| Can | didate | e 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 information below.) | nplete the candidate |
| Name Cand | e of lidate | Evans, Joe, , Mr., | |
| Cand | lidate | Office | State |
| Party | Affiliati | ion LIB Sought: X House Senate President | District 01 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| Name Cand | e of lidate | | |
| Part | ty Con | nmittee: | |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | tical A | action 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 | draising 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 | nmittees Participating in Joint Fundraiser | |
| | 1. | | |
| | | | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| FEC Form 1 (Revised (| 02/2009) | Page 3 |
|--|---|-----------------------------------|
| Write or Type Committee Name | | . ago u |
| | o Joe for Congress | |
| | Organization, Affiliated Committee, Joint Fundraising Representative | e. or Leadership PAC Sponsor |
| - | | ,, |
| NONE | <u> </u> | |
| | <u> </u> | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | d Organization Affiliated Committee Joint Fundraising Represent | tative Leadership PAC Sponsor |
| . Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and position of the $\mbox{\sc p}$ | person in possession of committee |
| | seph, , , Evans | |
| Full Name | 2895 E Mackay Dr | |
| Mailing Address | | |
| | Meridian , ID , | ,83642 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| | | 208 513 5150 |
| Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee assistant treasurer). | e; and the name and address of |
| | seph, , , Evans | 1 |
| of Treasurer | 2895 E Mackay Dr | , , , , , , , , , , , |
| Mailing Address | | , , , , , , , |
| | Meridian | 83642 |
| | CITY STATE | ZIP CODE |
| Title or Position | | 208 513 5150 |
| | Telephone number | |

| | m 1 (Revised 02/2009) | Page 4 |
|--|---|----------------|
| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | 1–1 |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| Saicty achosit by | | |
| safety deposit be Name of Bank, | Depository, etc. Clarity | |
| | Depository, etc. Clarity ,555 S. Meridian Rd. | |
| Name of Bank, | Depository, etc. Clarity ,555 S. Meridian Rd. | |
| Name of Bank, | Depository, etc. Clarity ,555 S. Meridian Rd. | 42 |
| Name of Bank, | Depository, etc. Clarity 555 S. Meridian Rd. | 42 ZIP CODE |
| Name of Bank, | Depository, etc. Clarity 555 S. Meridian Rd. Meridian CITY STATE | |
| Name of Bank, | Depository, etc. Clarity 555 S. Meridian Rd. Meridian CITY STATE | |
| Name of Bank, Mailing Address Name of Bank, | Depository, etc. Clarity 555 S. Meridian Rd. Meridian CITY STATE Depository, etc. | |
| Name of Bank, | Depository, etc. Clarity 555 S. Meridian Rd. Meridian CITY STATE Depository, etc. | |
| Name of Bank, Mailing Address Name of Bank, | Depository, etc. Clarity 555 S. Meridian Rd. Meridian CITY STATE Depository, etc. | |