PAGE 1 / 8 •

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 09 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] Date 09 2021 Signature of Treasurer 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
	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE ate Committee:	
(a) x		.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name of Candidate	CRAPO. MICHAEL	
Candidate Party Affil	DED ******	State ID District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	. []	
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	I 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.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FFC Forms 1 (Davised)	03/3000)	Dama 2
FEC Form 1 (Revised) Write or Type Committee Name		Page 3
•	FOR US SENATE	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
CRAPO VICTORY CO	MMITTEE	
	228 S. WASHINGTON ST.	
Mailing Address	STE. 115	
	ALEXANDRIA VA 22	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person	in possession of committee
KILGORE	, PAUL, , ,	1
Full Name	824 S MILLEDGE AVE, STE 101	
Mailing Address		
		2005
	ATHENS GA 30	0605
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 706	_ 534 _ 7780
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and tassistant treasurer).	the name and address of
Full Name KILGORE, of Treasurer	, PAUL, , ,	
Mailing Address	824 S MILLEDGE AVE, STE 101	
	ATHENS GA 30	0605
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 706	_ 534 _ 7780

	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
INGING OF DUTIN, L		
Name of Bank, I	ZIONS BANK 890 W MAIN ST	
	ZIONS BANK	
	ZIONS BANK 890 W MAIN ST	ZIP CODE
	ZIONS BANK 890 W MAIN ST BOISE ID 83702 CITY STATE	ZIP CODE
Mailing Address	ZIONS BANK 890 W MAIN ST BOISE ID 83702 CITY STATE	ZIP CODE
Mailing Address Name of Bank, D	ZIONS BANK 890 W MAIN ST BOISE CITY STATE Depository, etc.	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi n	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected CORNYN VICTO	Organization, Affiliated Committee, Joint Fund RY COMMITTEE	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 13026		
	AUSTIN	NC NC	78711
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee Join by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
Connected		t Fundraising Represent	ative Leadership PAC Spo
Connected Connected Connected Connected Connected		t Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name		t Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name		t Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name	by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mailing and mai	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mailing and safety depositions. SYRIN Depository, etc.	ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

anks or Other Depositor defety deposit boxes or made are of Bank, lepository, etc. Mailing Address			h the committee		unds, holds accounts, rent
anks or Other Depositor afety deposit boxes or markame of Bank, epository, etc.	intains funds.		h the committee		unds, holds accounts, rent
anks or Other Depositor			h the committee		unds, holds accounts, rent
TITLE OR POSITION					
TITLE OR POSITION			Telephone Numb	er	
	▼ (CITY A	STA	TE ▲	ZIP CODE ▲
Mailing Address					
Full Name					
Connected esignated Agent: Identify			int Fundraising Re	presentativ	e Leadership PAC Sp
Relationship:		CITY A		ATE A	ZIP CODE ▲
Deletionality	ARLINGTON	2171		VA	22219
	ABUNGTON				20040
Mailing Address	PO BOX 9891				
lame of Any Connected		Committee, Joint Fun	draising Repres	entative, o	or Leadership PAC Spons
4			FEC ID nu	ımber (
			FEC ID nu		
3.			FEC ID nu		
2.			FEC ID nu		

FEC Form 1S (Revised 02/2017)

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Commenter	J. Ourreninstier Affiliated Committee Leint Fu	advaicina Democratativa	ov Loodovskin DAC Coope
	I Organization, Affiliated Committee, Joint Fur S CLASSIC COMMITTEE	idraising nepresentative	, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST, STE 115		
	WASHINGTON	DC	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number - optional)		
Designated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name Mailing Address	CITY	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions afety deposit boxes or make the second s	CITY A pries: List all banks or other depositories in whi	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or make the same of Bank, CHAI	CITY ▲ CITY ▲ pories: List all banks or other depositories in white anitains funds.	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make	CITY A cries: List all banks or other depositories in white anintains funds. N BRIDGE BANK	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make	CITY A cries: List all banks or other depositories in white anintains funds. N BRIDGE BANK	Telephone Number	

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

FEC Form 1S (Revised 02/2017)

h). Joint Fundraising	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 Fundra	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
Connected		Fundraising Representa	ative Leadership PAC Sp
Connected esignated Agent: Identify	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mai ame of Bank, TRUIS epository, etc.	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mai ame of Bank, TRUIS epository, etc.	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A