

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAILCENTER

2024 OCT 21 AM 11:16
Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

IDAHO ACTION COMMITTEE FOR RURAL ELECTRIFICATION

ADDRESS (number and street)

P O B O X 1 B 9, 8

(Check if address
is changed)

BOISE

CITY ▲

ID

83701-1

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

whart@icuwa.coop

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

http://www.idahoelectrification.org

2. DATE / /

3. FEC IDENTIFICATION NUMBER ►

4. IS THIS STATEMENT NEW (N) 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

William L. Hart IV

Signature of Treasurer

William L. Hart

Date

/ /

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[REDACTED]
[REDACTED]

Mailing Address

[REDACTED]
[REDACTED]
[REDACTED] CITY ▲ [REDACTED] STATE ▲ [REDACTED] ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name

[REDACTED]

Mailing Address

[REDACTED]
[REDACTED]
[REDACTED] CITY ▲ [REDACTED] STATE ▲ [REDACTED] ZIP CODE ▲

Title or Position ▼

[REDACTED]

Telephone number

[REDACTED]

8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

William L. Hart IV

Mailing Address

P.O. BOX 1898

[REDACTED]
[REDACTED] CITY ▲ [REDACTED] STATE ▲ [REDACTED] ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

208-344-3873

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2024-10-21-03:00:00-04:00-01

5(i) or (j). Joint Fundraising Participant:

1. _____
2. _____
3. _____
4. _____

FEC ID number	C_____

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name _____

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc. _____

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

PO BOX 18918
Boise, ID 83701

BOISE ID RPDC 837

As in past
USPS is re

11 OCT 2024 PM 2 L

If you choose to
please mail early

Federal Election Commission
1050 1st Street NE
Washington, DC 20002-3259
ELECTED AM 11:16

20062-56599

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
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<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/>	Received via FAX	Date of Receipt
<input type="checkbox"/>	Received via Email	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked
		10/21/24
PREPARER (4/2023)		DATE PREPARED