2024 : 08 : 19 : 08 : 00464614

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
A.D.A. COUNTY	REPUBLICA	NPARTY	
ADDRESS (number and street)	lpio BOX /	50811111	
(Check if address is changed)			
	CITY A		I I I I I I I I I I
COMMITTEE'S E-MAIL ADDRE	ss		
(Check if address is changed)	ADDAGO PITIRE	ASURER@P	RIOTP NIMATILICAMI
3 ,,	Optional Second E-Mail Add	dress	
COMMITTEE'S WEB PAGE ADI	DRESS (URL)		
2. DATE 0.3 0	8 2024		
3. FEC IDENTIFICATION NU	JMBER ▶ CO	0843607	
ţ=			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	sue Hof	fer	
Signature of Treasurer	Sue Hoffer		Date 03 08 2024
NOTE: Submission of false, erron		may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109. D WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	contact: FFC FORM 1

C Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	
Name of Candidate	
Candidate Office Sought: House Senate	State State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	mmittee.
Name of Candidate	
Party Committee:	
(d) X This committee is a SUB (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on li	ine 6.) Its connected organization is a
Corporation Corporation w/o Capital Stock Membership Organization Trade Association	Labor Organization
testi. Tarang panggang pang	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated 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 a	accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fed	•
(j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal ca	
Committees Participating in Joint Fundraiser	
1. [7 C

	FEC Form 1 (Revised ()3/2022)	Page 3
V	Vrite or Type Committee Name	ty Republian Party	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
	Mailing Address		
	•	CITY A STATE A	710 CODE A
	77	CITY ▲ STATE ▲	· ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representati	ve Leadership PAC Spons
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person	in possession of committee
	Full Name 545	HOFFER	
	Mailing Address	13555 WBEAGAN LATGHIT, RD	
		GAGLE III IIO	[836/6]-[
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURE	Z Telephone number	8-1293-1723
8.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number - optional) of the treasurer of the committee; a assistant treasurer).	and the name and address of
	Full Name of Treasurer	HORFER	
	Mailing Address	35,55 W BEACON LIGHT RD	
		GAG4 F IID	83616-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURGE	Telephone number 22	281-17931-11723
1			

	D BUTT ERWOR			
Mailing Address	47.8 E LAKE, C	CAELE VIOL		
	MERIDIAN	ID	8364/2	
	CITY ▲	STATE ▲	ZIP CODE ▲	
Title or Position ▼	`			
CHATRIN A.A.)	Telephone number 2	@ 81-14091-1088/1	
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in whotains funds.	ich the committee deposits	funds, holds accounts, rents	
Name of Bank, Depository, e	etc.		,	
mov	N.T.A.I.N. WEST			
Mailing Address	0771579N, 04, 6	lacier Ban	<u>k</u>	
	100 BOX 1059	1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	
	COEVR D'ALENE	II)	18,3,8/14	
	CITY ▲	STATE ▲	ZIP CODE ▲	
Name of Bank, Depository, etc.				
			لينيييي	
Mailing Address				
	CITY ▲	STATE ▲	ZIP CODE A	

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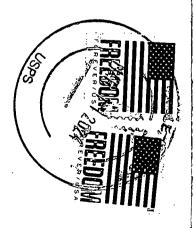
Optional Supplemental Information FEC Form 1S (Revised 03/2022) for Lines 5(i) or (j), 6, 8 and/or 9

5(i) or (j), 6, 8 and/or 9 Page ___ of

5(i) c	or(j). Joint Fundraisi	ng Participant:		
	1.		FEC ID number	
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
		Kill Control of the C		
				1,,,,,
	Relationship:	CITY	STATE ▲	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number - optional)		
	Full Name		V	
	Mailing Address	, /		
	mailing Address		1 1 1 1 1 1	
	Mailing Address			
	Walling Address			<u> </u>
	2	CITY	STATE	ZIP CODE ▲
	TITLE OR POSITION	CITY ▲	STATE STATE	
	2	CITY ▲	,	
9.	TITLE OR POSITION	CITY ▲ Te Te pries: List all banks or other depositories in which	lephone Number	ZIP CODE A
9.	TITLE OR POSITION	CITY ▲ Te Te pries: List all banks or other depositories in which	lephone Number	ZIP CODE A
9.	Banks or Other Deposite safety deposit boxes or m	CITY ▲ Te Te pries: List all banks or other depositories in which	lephone Number	ZIP CODE A
9.	TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank,	CITY ▲ Te Te pries: List all banks or other depositories in which	lephone Number	ZIP CODE A
9.	Banks or Other Deposite safety deposit boxes or m	CITY ▲ Te Te pries: List all banks or other depositories in which	lephone Number	ZIP CODE A

Ada County GOP PO:Box 1508 Eagle, ID 83616

FEC 1050 1ST ST NE Washington, OC 20463



Federal Elect ENVELOPE REPLACEMENT PA The FEC added this page to the end of		
Hand Delivered		Date of Receipt
USPS First Class Mail		Date of Receipt 3/19/24
USPS Registered/Certified		Postmarked (R/C)
USPS Priority Mail		Postmarked .
USPS Priority Mail Express		Postmarked
Postmark Illegible		,
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date Next Business	Date of Receipt . Day Delivery
Received via FAX		Date of Receipt
Received via Email		Date of Receipt
Received from Electronic Filing Offic	e	Date of Receipt
Other (Specify):	Date of Red	ceipt or Postmarked
WDO		3/19/24
(4/2023)		DATE PREPARED