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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Idaho Conservative Growth Fund 824 S Milledge Ave, Ste 101 ADDRESS (number and street) (Check if address is changed) Athens 30605 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS icgf@pdscompliance.com (Check if address X is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00544270 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] 80 17 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

(le) This accomplished in an explicit	ipal campaign committee. (Complete the candidate information belo	w.)			
(b) This committee is an auth information below.)	norized committee, and is NOT a principal campaign committee. (Co	omplete the candidate			
Name of Candidate					
Candidate Party Affiliation	Office Sought: House Senate President	State			
(c) This committee supports/o	opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Committee:	(National, State	(Democratic,			
(d) This committee is a	or subordinate) committee of the	Republican, etc.) Party			
Political Action Committee (PAC	<b>;</b> ;				
(e) This committee is a separ	rate segregated fund. (Identify connected organization on line 6.) Its c	connected organization is			
Corporation	Corporation w/o Capital Stock	Labor Organization			
Membership Orga	anization Trade Association	Cooperative			
In addition,	, this committee is a Lobbyist/Registrant PAC.				
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (i.e., nonconnected committee)				
In addition, this con	In addition, this committee is a Lobbyist/Registrant PAC.				
In addition, this con	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fundraising Representative	re:				
(g) This committee collects cor	ntributions, pays fundraising expenses and disburses net proceeds for				
committees/organizations,	at least one of which is an authorized committee of a federal candidat				
	ntributions, pays fundraising expenses and disburses net proceeds for none of which is an authorized committee of a federal candidate.	two or more political			
Committees Participating in J	loint Fundraiser				
1. [	FEC ID number				
2.	FEC ID number				
3.					

FEC <b>Form 1</b> (R	Revised 02/2009)	<b>l</b> Page <b>3</b>
Write or Type Committe	ee Name	
Idaho Cons	ervative Growth Fund	
6. Name of Any Conn	nected Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
CRAPO, MICHA  Mailing Address  Relationship: Co	239 DIRKSEN SENATE OFFICE BLDG  WASHINGTON  CITY  STATE  Onnected Organization  Affiliated Committee  Joint Fundraising Representation	20510  ZIP CODE  tive Leadership PAC Sponsor
c. Custodian of Record books and records.	rds: Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
Full Name  Mailing Address	Igore, Paul, , ,  824 S Milledge Ave, Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 7780 7780
3. <b>Treasurer:</b> List the national any designated agent	ame and address (phone number optional) of the treasurer of the committee; t (e.g., assistant treasurer).	and the name and address of
Full Name Kill of Treasurer	lgore, Paul, , ,	
Mailing Address	824 S Milledge Ave, Ste 101	
	Athens GA	30605
Title or Position Treasurer	CITY STATE  70  Telephone number	ZIP CODE

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, [	oxes or maintains funds.  Depository, etc.  Chain Bridge Bank	
	Depository, etc.	
Name of Bank, [	Chain Bridge Bank  1445-A Laughlin Avenue	ZIP CODE
Name of Bank, [	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE	ZIP CODE
Name of Bank, I	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE	ZIP CODE  ZIP CODE

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

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or(h). <b>Joint Fundraisin</b>	g Participant:		
, , , , , , , , , , , , , , , , , , , ,		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
4.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
Freedom Fund			
Mailing Address	824 S Milledge Ave, Ste 101		
	Athens	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization X Affiliated Committee Jo	int Fundraising Representa	ative Leadership PAC Sponso
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	I	Telephone Number	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	h the committee deposit	s funds, holds accounts, rents
Name of Bank,			
Depository, etc.			
Mailing Address			
	1		I , , , , I-I , , , ,
	CITY ▲	STATE ▲	ZIP CODE ▲