

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

MIKE CRAPO FOR U.S. SENATE

ADDRESS (number and street)

P.O. BOX 1948



Check if different than previously reported. (ACC)

BOISE

ID

83701

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00330886

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

ID

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2023

through

M M / D D / Y Y Y Y

03 / 31 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

KILGORE, PAUL, , ,

Type or Print Name of Treasurer

Signature of Treasurer

KILGORE, PAUL, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 13 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 98

Write or Type Committee Name  
**MIKE CRAPO FOR U.S. SENATE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
 01 / 01 / 2023

To:

M M / D D / Y Y Y Y  
 03 / 31 / 2023

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 27264.76                | 76289.25                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 1848.68                 | 12898.68                           |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 25416.08                | 63390.57                           |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 323421.84               | 453053.11                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 21731.50                | 28614.70                           |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 301690.34               | 424438.41                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 2212137.23              |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

## For further information contact:

Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463

Toll Free 800-424-9530  
 Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 98

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

MIKE CRAPO FOR U.S. SENATE

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

8060.00

21341.00

(ii) Unitemized.....

2204.76

7948.25

(iii) TOTAL of contributions from individuals ▶

10264.76

29289.25

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

17000.00

47000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

27264.76

76289.25

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

100300.00

104565.23

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

## 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

21731.50

28614.70

## 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

2993.83

3730.98

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

152290.09

213200.16

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 98

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 323421.84                     | 453053.11                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 1848.68                       | 10898.68                           |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 2000.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 1848.68                       | 12898.68                           |
| 21. OTHER DISBURSEMENTS .....                                                | 1250.00                       | 3250.00                            |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 326520.52                     | 469201.79                          |

## **III. CASH SUMMARY**

|                                                                                       |            |
|---------------------------------------------------------------------------------------|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 2386367.66 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 152290.09  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 2538657.75 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 326520.52  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 2212137.23 |

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3N

Transaction ID :

THE CYCLE-TO-DATE TOTALS FOR ALL DONORS ON THIS REPORT REFLECT THE 2028 CYCLE TOTAL.  
PLEASE NOTE THAT THE CRAPO VICTORY COMMITTEE TRANSFER AND MEMOS ARE FOR THE GENERAL  
2022 ELECTION, THEREFORE THOSE CONTRIBUTIONS ARE NOT BEING INCLUDED IN THE CYCLE-TO-DATE  
TOTALS.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

**A.** Full Name (Last, First, Middle Initial)  
BANGERT, MARILYN, , ,  
Mailing Address 8713 US HIGHWAY 85City  
FORT LUPTONState  
COZip Code  
80621-9309FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIREDReceipt For: 2028  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2023

Transaction ID : AE30B7DFAC790458686B

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

**B.** Full Name (Last, First, Middle Initial)  
WINRED  
Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15318.25

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2023

Transaction ID : AB0DE53C795D048BC8F2

Amount of Each Receipt this Period

50.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**C.** Full Name (Last, First, Middle Initial)  
BARENS, KRISTIN, , ,  
Mailing Address 14380 S. CADDIS COURTCity  
JACKSONState  
WYZip Code  
83001FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MULLIN BARENS SANFORD FINANCIALOccupation  
INSURANCE SALESReceipt For: 2028  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2023

Transaction ID : AB901893EF0954923BC9

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

1050.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>BRANDT, KIMBERLY, , ,</b>                                                               |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 27 / 2023 |  |
| Mailing Address 511 DEEP CREEK VW                                                                                                               |             |                                                      | Transaction ID : A356D4FD034B642A790C                      |  |
| City<br>ANNAPOLIS                                                                                                                               | State<br>MD | Zip Code<br>21409-5480                               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>TARPLIN DOWNS YOUNG LLC                                                                                                     |             | Occupation<br>ATTORNEY                               |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                      | Transaction ID : A047FD35697D64329902                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>15318.25                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>BUNN, DANIEL, , ,</b>                                                                   |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 04 / 2023 |  |
| Mailing Address PO BOX 5005                                                                                                                     |             |                                                      | Transaction ID : AB6B9D79D7F414C968EF                      |  |
| City<br>RANCHO SANTA FE                                                                                                                         | State<br>CA | Zip Code<br>92067-5005                               | Amount of Each Receipt this Period<br>25.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>SELF EMPLOYED                                                                                                               |             | Occupation<br>INVESTORS                              |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>227.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 1025.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                      |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

15318.25

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 13  |   | 2023    |

Transaction ID : A28F991596F554331BE5

Amount of Each Receipt this Period

25.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

B.

Full Name (Last, First, Middle Initial)

BUNN, DANIEL, , ,

Mailing Address PO BOX 5005

City

RANCHO SANTA FE

State

CA

Zip Code

92067-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

INVESTORS

Receipt For: 2028

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

252.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 11  |   | 2023    |

Transaction ID : A0F209B91D91E4C9795E

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

15318.25

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 20  |   | 2023    |

Transaction ID : AD13AF9AAAC1E494F856

Amount of Each Receipt this Period

25.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

25.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

GEST, ALBERT, , ,

A.

Mailing Address 357 SANTA MONICA PLACE

City

CORPUS CHRISTI

State

TX

Zip Code

78411-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMCARE/CHRISTUS HEALTH

Occupation

EM PHYSICIAN

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01  |   | 02  |   | 2023        |

Transaction ID : A523B59E7EB554E0799A

Amount of Each Receipt this Period

10.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15318.25

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01  |   | 05  |   | 2023        |

Transaction ID : A27ED164241C34B679FF

Amount of Each Receipt this Period

10.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

GEST, ALBERT, , ,

C.

Mailing Address 357 SANTA MONICA PLACE

City

CORPUS CHRISTI

State

TX

Zip Code

78411-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMCARE/CHRISTUS HEALTH

Occupation

EM PHYSICIAN

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01  |   | 02  |   | 2023        |

Transaction ID : A82846DE21CBA453CBA5

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

|                                                                                                                                                 |             |                                    |                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|-------------------------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 05 / 2023                    |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                    | Transaction ID : A674BED7EC4C04DF681C                                         |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891             | Amount of Each Receipt this Period<br>50.00                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Occupation                         | <input checked="" type="checkbox"/> Memo Item<br>INTERMEDIARY                 |  |
| Name of Employer                                                                                                                                |             | Election Cycle-to-Date<br>15318.25 | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.                      |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                    |                                                                               |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>GEST, ALBERT, , ,</b>                                                                   |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 12 / 2023                    |  |
| Mailing Address 357 SANTA MONICA PLACE                                                                                                          |             |                                    | Transaction ID : A5FDE2865E1004D5A9F4                                         |  |
| City<br>CORPUS CHRISTI                                                                                                                          | State<br>TX | Zip Code<br>78411-1611             | Amount of Each Receipt this Period<br>50.00                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Occupation<br>EM PHYSICIAN         | <input type="checkbox"/> Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |  |
| Name of Employer<br>EMCARE/CHRISTUS HEALTH                                                                                                      |             | Election Cycle-to-Date<br>360.00   |                                                                               |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                    |                                                                               |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 22 / 2023                    |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                    | Transaction ID : A6CCC329D31A941548EF                                         |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891             | Amount of Each Receipt this Period<br>50.00                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Occupation                         | <input checked="" type="checkbox"/> Memo Item<br>INTERMEDIARY                 |  |
| Name of Employer                                                                                                                                |             | Election Cycle-to-Date<br>15318.25 | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.                      |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                    |                                                                               |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                    | 50.00                                                                         |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                    |                                                                               |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

GEST, ALBERT, , ,

A.

Mailing Address 357 SANTA MONICA PLACE

City

CORPUS CHRISTI

State

TX

Zip Code

78411-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMCARE/CHRISTUS HEALTH

Occupation

EM PHYSICIAN

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

420.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 02  |   | 2023        |

Transaction ID : ABAD4F8FC18EA4B7EBB2

Amount of Each Receipt this Period

10.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15318.25

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 06  |   | 2023        |

Transaction ID : A705A640C2A03421C9B6

Amount of Each Receipt this Period

10.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

GEST, ALBERT, , ,

C.

Mailing Address 357 SANTA MONICA PLACE

City

CORPUS CHRISTI

State

TX

Zip Code

78411-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMCARE/CHRISTUS HEALTH

Occupation

EM PHYSICIAN

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

420.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 02  |   | 2023        |

Transaction ID : AC5391DF304BE45DF948

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MIKE CRAPO FOR U.S. SENATE**

Full Name (Last, First, Middle Initial)

**WINRED****A.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2028

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15318.25

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 06  |   | 2023    |

Transaction ID : AC3E3D119C2AD44848F6

Amount of Each Receipt this Period

50.00

☒ Memo Item  
 INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

**GEST, ALBERT, , ,**

Mailing Address 357 SANTA MONICA PLACE

City

CORPUS CHRISTI

State

TX

Zip Code

78411-1611

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

EMCARE/CHRISTUS HEALTH

Occupation

EM PHYSICIAN

Receipt For: 2028

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

470.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 12  |   | 2023    |

Transaction ID : AF84876FAD0014219B24

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 EARMARKED (NON-DIRECTED) THROUGH WINRED
**C.**

Full Name (Last, First, Middle Initial)

**WINRED**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2028

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15318.25

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 20  |   | 2023    |

Transaction ID : A4A5C739188DB465DB70

Amount of Each Receipt this Period

50.00

☒ Memo Item  
 INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

50.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>KING, BILL, , ,                                                                            |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 01 / 2023 |  |
| Mailing Address 809 SW 3RD ST                                                                                                                   |             |                                                      | Transaction ID : A2AF2109F471C46F2B88                      |  |
| City<br>LINDSAY                                                                                                                                 | State<br>OK | Zip Code<br>73052-7209                               | Amount of Each Receipt this Period<br>15.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>NONE                                                                                                                        |             | Occupation<br>RETIRED                                |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>205.00                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>WINRED                                                                                     |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 05 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                      | Transaction ID : A2A473AE314104EB7B32                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                               | Amount of Each Receipt this Period<br>15.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>15318.25                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>KING, BILL, , ,                                                                            |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 03 / 2023 |  |
| Mailing Address 809 SW 3RD ST                                                                                                                   |             |                                                      | Transaction ID : ACEB4C2ACE0AB4DAF95E                      |  |
| City<br>LINDSAY                                                                                                                                 | State<br>OK | Zip Code<br>73052-7209                               | Amount of Each Receipt this Period<br>10.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>NONE                                                                                                                        |             | Occupation<br>RETIRED                                |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>215.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 25.00                                                      |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                      |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

|                                                                                                                                                 |             |                                                                                       |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 05 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                                                       | Transaction ID : ADA1061071E564C92BFE                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                                                                | Amount of Each Receipt this Period<br>10.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Election Cycle-to-Date<br>15318.25                                                    |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                                                            |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Memo Item<br>INTERMEDIARY<br>TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>KING, BILL, , ,</b>                                                                     |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 07 / 2023 |  |
| Mailing Address 809 SW 3RD ST                                                                                                                   |             |                                                                                       | Transaction ID : A0F35C59D32FA4AEEA0D                      |  |
| City<br>LINDSAY                                                                                                                                 | State<br>OK | Zip Code<br>73052-7209                                                                | Amount of Each Receipt this Period<br>25.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Election Cycle-to-Date<br>240.00                                                      |                                                            |  |
| Name of Employer<br>NONE                                                                                                                        |             | Occupation<br>RETIRED                                                                 |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED                                  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 15 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                                                       | Transaction ID : A604582FCE28F4E55ADC                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                                                                | Amount of Each Receipt this Period<br>25.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Election Cycle-to-Date<br>15318.25                                                    |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                                                            |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Memo Item<br>INTERMEDIARY<br>TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                                       | 25.00                                                      |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                                                       |                                                            |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 98

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

|                                                                                                                                                 |             |                                      |                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>KING, BILL, , ,</b>                                                                     |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 10 2023                                                                    |  |
| Mailing Address 809 SW 3RD ST                                                                                                                   |             |                                      | <b>Transaction ID : A6C591B905BA54822AB4</b>                                                                              |  |
| City<br>LINDSAY                                                                                                                                 | State<br>OK | Zip Code<br>73052-7209               | Amount of Each Receipt this Period<br>25.00                                                                               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             |                                      | <input type="checkbox"/> Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED                                             |  |
| Name of Employer<br>NONE                                                                                                                        |             | Occupation<br>RETIRED                |                                                                                                                           |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>265.00   |                                                                                                                           |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 15 2023                                                                    |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                      | <b>Transaction ID : A71F37A9D611742078FE</b>                                                                              |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891               | Amount of Each Receipt this Period<br>25.00                                                                               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             |                                      | <input checked="" type="checkbox"/> Memo Item<br>INTERMEDIARY<br>TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |  |
| Name of Employer<br>                                                                                                                            |             | Occupation<br>                       |                                                                                                                           |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>15318.25 |                                                                                                                           |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>KING, BILL, , ,</b>                                                                     |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 13 2023                                                                    |  |
| Mailing Address 809 SW 3RD ST                                                                                                                   |             |                                      | <b>Transaction ID : AA7DC995A00D04699AB3</b>                                                                              |  |
| City<br>LINDSAY                                                                                                                                 | State<br>OK | Zip Code<br>73052-7209               | Amount of Each Receipt this Period<br>25.00                                                                               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             |                                      | <input type="checkbox"/> Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED                                             |  |
| Name of Employer<br>NONE                                                                                                                        |             | Occupation<br>RETIRED                |                                                                                                                           |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>315.00   |                                                                                                                           |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                           |             |                                      | 50.00                                                                                                                     |  |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                                 |             |                                      |                                                                                                                           |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MIKE CRAPO FOR U.S. SENATE**

Full Name (Last, First, Middle Initial)

**WINRED****A.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15318.25

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 2 |   | 2 | 0 | 2 | 3 |

Transaction ID : A1D1A0E9A8F724413A4E

Amount of Each Receipt this Period

25.00

☒ Memo Item  
 INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

**KING, BILL, , ,**

Mailing Address 809 SW 3RD ST

City

LINDSAY

State

OK

Zip Code

73052-7209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

315.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 3 |   | 2 | 0 | 2 | 3 |

Transaction ID : ADCA9ECBF593D440F819

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 EARMARKED (NON-DIRECTED) THROUGH WINRED
**C.**

Full Name (Last, First, Middle Initial)

**WINRED**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15318.25

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 2 |   | 2 | 0 | 2 | 3 |

Transaction ID : A7CFBE734D135419F9E6

Amount of Each Receipt this Period

25.00

☒ Memo Item  
 INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

25.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>KING, BILL, , ,                                                                            |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 15 / 2023 |  |
| Mailing Address 809 SW 3RD ST                                                                                                                   |             |                                                      | Transaction ID : A1358C439397547009CA                      |  |
| City<br>LINDSAY                                                                                                                                 | State<br>OK | Zip Code<br>73052-7209                               | Amount of Each Receipt this Period<br>15.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>NONE                                                                                                                        |             | Occupation<br>RETIRED                                |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>330.00                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>WINRED                                                                                     |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 22 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                      | Transaction ID : A4B9F84A7120D4413BA2                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                               | Amount of Each Receipt this Period<br>15.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>15318.25                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>KING, BILL, , ,                                                                            |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 19 / 2023 |  |
| Mailing Address 809 SW 3RD ST                                                                                                                   |             |                                                      | Transaction ID : A6CB8F33F8E3A4D27859                      |  |
| City<br>LINDSAY                                                                                                                                 | State<br>OK | Zip Code<br>73052-7209                               | Amount of Each Receipt this Period<br>25.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>NONE                                                                                                                        |             | Occupation<br>RETIRED                                |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>355.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 40.00                                                      |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                      |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 98

|                                         |                              |                              |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12                                      | 13a                          | 13b                          | 14                           |
|                                         |                              |                              | 15                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15318.25

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 2 |   | 2 | 0 | 2 | 3 |

Transaction ID : A2E3FB04B8B8645A5AE3

Amount of Each Receipt this Period

25.00

☒ Memo Item  
 INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

B.

Full Name (Last, First, Middle Initial)

KING, BILL, , ,

Mailing Address 809 SW 3RD ST

City

LINDSAY

State

OK

Zip Code

73052-7209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

380.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 6 |   | 2 | 0 | 2 | 3 |

Transaction ID : A6927FDEA9B554E7ABF9

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 EARMARKED (NON-DIRECTED) THROUGH WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15318.25

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |

Transaction ID : AB98D817DC1254920A9B

Amount of Each Receipt this Period

25.00

☒ Memo Item  
 INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

25.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>KING, BILL, , ,                                                                            |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>02 / 13 / 2023 |  |
| Mailing Address 809 SW 3RD ST                                                                                                                   |             |                                                      | Transaction ID : AC62F200CDF7245EEAC3                      |  |
| City<br>LINDSAY                                                                                                                                 | State<br>OK | Zip Code<br>73052-7209                               | Amount of Each Receipt this Period<br>25.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>NONE                                                                                                                        |             | Occupation<br>RETIRED                                |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>405.00                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>WINRED                                                                                     |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>02 / 20 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                      | Transaction ID : A24B6E5EC3EDE49598A5                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                               | Amount of Each Receipt this Period<br>25.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>15318.25                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>KING, BILL, , ,                                                                            |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 13 / 2023 |  |
| Mailing Address 809 SW 3RD ST                                                                                                                   |             |                                                      | Transaction ID : A390896F3640A410593F                      |  |
| City<br>LINDSAY                                                                                                                                 | State<br>OK | Zip Code<br>73052-7209                               | Amount of Each Receipt this Period<br>25.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>NONE                                                                                                                        |             | Occupation<br>RETIRED                                |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>430.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 50.00                                                      |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                      |                                                            |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 98

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

|                                                                                                                                                 |             |                                                                       |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 20 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                                       | <b>Transaction ID : AE9552C04603C44879DF</b>               |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                                                | Amount of Each Receipt this Period<br>25.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation                                        |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>15318.25                                  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>KNIGHT, BRADY, , ,</b>                                                                  |             |                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>02 / 13 / 2023 |  |
| Mailing Address 2001 KIRBY DR<br>STE 990                                                                                                        |             |                                                                       | <b>Transaction ID : ADD277A073B9D49D7A31</b>               |  |
| City<br>HOUSTON                                                                                                                                 | State<br>TX | Zip Code<br>77019-6043                                                | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation<br>WINGED KEEL GROUP<br>LIFE INSURANCE |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                                   |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>MINGOLELLI, MICHAEL, , ,</b>                                                            |             |                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>02 / 14 / 2023 |  |
| Mailing Address 60 CARTWRIGHT ROAD                                                                                                              |             |                                                                       | <b>Transaction ID : AC73794E0793C470F802</b>               |  |
| City<br>WELLESLEY                                                                                                                               | State<br>MA | Zip Code<br>02482                                                     | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation<br>WINGED KEEL GROUP<br>PRINCIPAL      |                                                            |  |
| Receipt For: 2028<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                       | 2000.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                                       |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

A.

MULLIN, PETER, , ,

Mailing Address 1421 EMERSON AVENUE

City

OXNARD

State

CA

Zip Code

93033-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01  |   | 25  |   | 2023        |

Transaction ID : AB13563017E3E4F40A9A

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

NAISON-PHILLIPS, ERIC, , ,

Mailing Address 60 E 42ND ST  
FL 44

City

NEW YORK

State

NY

Zip Code

10165-0046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WINGED KEEL GROUP

Occupation

PRINCIPAL

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01  |   | 31  |   | 2023        |

Transaction ID : A4C69B23CDFCC439CA80

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

VAN DUSEN, GEORGE, , MR., IV

Mailing Address 18503 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DBS

Occupation

PRESIDENT

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 09  |   | 2023        |

Transaction ID : A98EC27CA678649E0921

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 98

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**WORTH, PETER, , ,**

Mailing Address 151 VIA BELLARIA

City State Zip Code  
 PALM BEACH FL 33480-4912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 ALLIANT INSURANCE SERVICES INSURANCE EXECUTIVE

Receipt For: 2028  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 14 2023

Transaction ID : AE483F2D92306435EAEC

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00

8060.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 98

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**ALZHEIMER'S IMPACT MOVEMENT PAC**

Mailing Address 225 N MICHIGAN AVE  
FL 17

City State Zip Code  
CHICAGO IL 60601-7652

FEC ID number of contributing  
federal political committee. **C** C00486928

Name of Employer Occupation

Receipt For: 2028  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 14 2023

Transaction ID : AD71F7E82BEE0429D9D9

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AMERIPRISE FINANCIAL PAC**

Mailing Address 101 CONSTITUTION AVE NW  
STE 816 W

City State Zip Code  
WASHINGTON DC 20001-2133

FEC ID number of contributing  
federal political committee. **C** C00414474

Name of Employer Occupation

Receipt For: 2028  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 11 2023

Transaction ID : A5E07FC052A254502988

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ELEVANCE HEALTH, INC. PAC (ELEVANCE HEALTH PAC)**

Mailing Address 1001 PENNSYLVANIA AVE NW  
STE 710

City State Zip Code  
WASHINGTON DC 20004-2513

FEC ID number of contributing  
federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2028  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 30 2023

Transaction ID : AF9580FC8DE3140A8ADA

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 98

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

FINANCIAL SERVICES INSTITUTE PAC

Mailing Address 1201 PENNSYLVANIA AVE NW  
STE 700City  
WASHINGTONState  
DCZip Code  
20004-2459FEC ID number of contributing  
federal political committee.

C C00409714

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 30 2023

Transaction ID : A7D2A4A1F5E2C4175824

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CORPORATION FEDERAL POLITICAL ACTION COMMITTEE (NORTHERN TRUST FEDERAL PAC)

Mailing Address 50 SOUTH LASALLE STREET M-9

City  
CHICAGOState  
ILZip Code  
60603FEC ID number of contributing  
federal political committee.

C C00515148

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 11 2023

Transaction ID : AF9646660DC8B4304BB6

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)

Mailing Address 20 VALLEY STREAM PKWY

City  
MALVERNState  
PAZip Code  
19355-1458FEC ID number of contributing  
federal political committee.

C C00562546

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 30 2023

Transaction ID : A162DD37D14C7418A8D9

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 98

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MIKE CRAPO FOR U.S. SENATE**

Full Name (Last, First, Middle Initial)

**OTSUKA AMERICA PHARMACEUTICAL PAC**

**A.**

Mailing Address 2440 RESEARCH BLVD

City  
ROCKVILLE

State  
MD

Zip Code  
20850-3238

FEC ID number of contributing  
federal political committee.

**C** C00553834

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 11 2023

Transaction ID : A32E23A110EAF4483872

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**ZENECA INC. PAC (AZPAC)**

**B.**

Mailing Address 1800 CONCORD PIKE

City  
WILMINGTON

State  
DE

Zip Code  
19897-0001

FEC ID number of contributing  
federal political committee.

**C** C00279455

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 30 2023

Transaction ID : AB04D7E0BFDEC4AFA800

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

17000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

|                                                                                                                                                 |             |                                                         |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>CRAPO VICTORY COMMITTEE</b>                                                             |             |                                                         | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>01 / 11 / 2023 |  |
| Mailing Address 228 S WASHINGTON ST<br>STE 115                                                                                                  |             |                                                         | <b>Transaction ID : AD41F961B83F84860B4E</b>                 |  |
| City<br>ALEXANDRIA                                                                                                                              | State<br>VA | Zip Code<br>22314                                       | Amount of Each Receipt this Period<br>100300.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00649574                                                                       |             | Name of Employer<br>Occupation                          |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>100300.00                   |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>PALIHAPITIYA, CHAMATH, , ,</b>                                                          |             |                                                         | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 14 / 2022 |  |
| Mailing Address 506 SANTA CRUZ AVE                                                                                                              |             |                                                         | <b>Transaction ID : AAABADD7FC4B14D62942</b>                 |  |
| City<br>MENLO PARK                                                                                                                              | State<br>CA | Zip Code<br>94025-4375                                  | Amount of Each Receipt this Period<br>2900.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation<br>INFORMATION REQUESTED |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>.00                         |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>THE GOLDMAN SACHS GROUP, INC PAC</b>                                                    |             |                                                         | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 17 / 2022 |  |
| Mailing Address 101 CONSTITUTION AVE. NW<br>STE. 1000E                                                                                          |             |                                                         | <b>Transaction ID : A9E1284D1CD584F55AA4</b>                 |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20001                                       | Amount of Each Receipt this Period<br>2500.00                |  |
| FEC ID number of contributing federal political committee.<br>C C00350744                                                                       |             | Name of Employer<br>Occupation                          |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>.00                         |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                         | 100300.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                         |                                                              |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MCDONALDS CORP. PAC<br>Mailing Address 711 JORIE BLVD.<br><br>City OAK BROOK State IL Zip Code 60523<br>FEC ID number of contributing federal political committee. C C00063164<br>Name of Employer Occupation<br>Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ .00                     |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 17 2022<br>Transaction ID : A7C2C9139B5914ADCAFD<br>Amount of Each Receipt this Period<br>. . . . . 2500.00<br><input checked="" type="checkbox"/> Memo Item |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>VIATRIS INC. PAC (VIAPAC)<br>Mailing Address 660 N CAPITAL ST. NW<br>STE. 600<br>City WASHINGTON State DC Zip Code 20001<br>FEC ID number of contributing federal political committee. C C00332395<br>Name of Employer Occupation<br>Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ .00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 17 2022<br>Transaction ID : A4849F998E1B2408F97D<br>Amount of Each Receipt this Period<br>. . . . . 5000.00<br><input checked="" type="checkbox"/> Memo Item |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>HARDWOOD FEDERATION PAC INC.<br>Mailing Address 1101 K ST. NW<br>STE. 700<br>City WASHINGTON State DC Zip Code 20005<br>FEC ID number of contributing federal political committee. C C00396671<br>Name of Employer Occupation<br>Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ .00     |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 17 2022<br>Transaction ID : AC7394FB103F9432D93E<br>Amount of Each Receipt this Period<br>. . . . . 1000.00<br><input checked="" type="checkbox"/> Memo Item |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                |  |  | . . . . . 0.00                                                                                                                                                                                              |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | . . . . .                                                                                                                                                                                                   |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

|                                                                                                                                                 |             |                                 |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>ROCK HOLDINGS INC. PAC</b>                                                              |             |                                 | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 19 / 2022 |  |
| Mailing Address 101 S WASHINGTON SQUARE<br>STE. 300                                                                                             |             |                                 | <b>Transaction ID : A066CBB1064FD4EDCB41</b>                 |  |
| City<br>LANSING                                                                                                                                 | State<br>MI | Zip Code<br>48933               | Amount of Each Receipt this Period<br>2500.00                |  |
| FEC ID number of contributing federal political committee.<br>C C00388827                                                                       |             | Name of Employer<br>Occupation  |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>.00 |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>FOGG, ANGELA, , ,</b>                                                                   |             |                                 | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 20 / 2022 |  |
| Mailing Address 4560 SE INTERNATIONAL WAY<br>100                                                                                                |             |                                 | <b>Transaction ID : A9F584B1DF52749D5A88</b>                 |  |
| City<br>MILWAUKIE                                                                                                                               | State<br>OR | Zip Code<br>97222-4628          | Amount of Each Receipt this Period<br>2900.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation  |                                                              |  |
| INFORMATION REQUESTED                                                                                                                           |             | INFORMATION REQUESTED           |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>.00 |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>MILLER, KARL, , ,</b>                                                                   |             |                                 | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 27 / 2022 |  |
| Mailing Address 47 N STATE ST<br>STE 200                                                                                                        |             |                                 | <b>Transaction ID : AED4B3093CA214DDD93D</b>                 |  |
| City<br>LAKE OSWEGO                                                                                                                             | State<br>OR | Zip Code<br>97034-3969          | Amount of Each Receipt this Period<br>2500.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation  |                                                              |  |
| INFORMATION REQUESTED                                                                                                                           |             | INFORMATION REQUESTED           |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>.00 |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                 | 0.00                                                         |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                 |                                                              |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

|                                                                                                                                                 |             |                                                            |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MILLER, ERIKA, , ,                                                                         |             |                                                            | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 27 / 2022 |  |
| Mailing Address 47 N STATE ST<br>STE 200                                                                                                        |             |                                                            | Transaction ID : A9BEE9EF07CCE47AAA74                      |  |
| City<br>LAKE OSWEGO                                                                                                                             | State<br>OR | Zip Code<br>97034-3969                                     | Amount of Each Receipt this Period<br>2900.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input checked="" type="checkbox"/> Memo Item |                                                            |  |
| Name of Employer<br>INFORMATION REQUESTED                                                                                                       |             | Occupation<br>INFORMATION REQUESTED                        |                                                            |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                              |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>SELECTIVE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE                          |             |                                                            | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 40 WANTAGE AVE.                                                                                                                 |             |                                                            | Transaction ID : A94EE914280004C0F931                      |  |
| City<br>BRANCHVILLE                                                                                                                             | State<br>NJ | Zip Code<br>07890                                          | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00550889                                                                       |             | Memo Item<br><input checked="" type="checkbox"/> Memo Item |                                                            |  |
| Name of Employer<br>INFORMATION REQUESTED                                                                                                       |             | Occupation<br>INFORMATION REQUESTED                        |                                                            |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                              |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>PLANTOWSKY, JOY, , ,                                                                       |             |                                                            | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 5105 VALERIE ST                                                                                                                 |             |                                                            | Transaction ID : A239FBD91100942068B8                      |  |
| City<br>BELLAIRE                                                                                                                                | State<br>TX | Zip Code<br>77401-4915                                     | Amount of Each Receipt this Period<br>2900.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input checked="" type="checkbox"/> Memo Item |                                                            |  |
| Name of Employer<br>INFORMATION REQUESTED                                                                                                       |             | Occupation<br>INFORMATION REQUESTED                        |                                                            |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                              |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                            | 0.00                                                       |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                            |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 98

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

|                                                                                                                                                 |             |                                               |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>HEAD-HALLADAY, KELLY, , ,                                                                  |             |                                               | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 10991 DEERRIDGE DR                                                                                                              |             |                                               | Transaction ID : A8F1F89E3FDB4424099B                        |  |
| City<br>CHUBBUCK                                                                                                                                | State<br>ID | Zip Code<br>83202-5199                        | Amount of Each Receipt this Period<br>2900.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input checked="" type="checkbox"/> |                                                              |  |
| Name of Employer<br>INFORMATION REQUESTED                                                                                                       |             | Occupation<br>INFORMATION REQUESTED           |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                 |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>HORST, ELLEN, , ,                                                                          |             |                                               | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 6918 RATON ST                                                                                                                   |             |                                               | Transaction ID : A564C0D677CFE4CBA81E                        |  |
| City<br>HOUSTON                                                                                                                                 | State<br>TX | Zip Code<br>77055-2226                        | Amount of Each Receipt this Period<br>2900.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input checked="" type="checkbox"/> |                                                              |  |
| Name of Employer<br>INFORMATION REQUESTED                                                                                                       |             | Occupation<br>INFORMATION REQUESTED           |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                 |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>STEIN, DAVID, , ,                                                                          |             |                                               | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 4523 BRAEBURN DR                                                                                                                |             |                                               | Transaction ID : A464E8E6421194162806                        |  |
| City<br>BELLAIRE                                                                                                                                | State<br>TX | Zip Code<br>77401-5511                        | Amount of Each Receipt this Period<br>2500.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input checked="" type="checkbox"/> |                                                              |  |
| Name of Employer<br>INFORMATION REQUESTED                                                                                                       |             | Occupation<br>INFORMATION REQUESTED           |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                 |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                               | 0.00                                                         |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                               |                                                              |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

|                                                                                                                                                 |             |                                               |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>GEVORGIAN, ALEXIS, , ,                                                                     |             |                                               | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address PO BOX 260770                                                                                                                   |             |                                               | Transaction ID : A987C062657FF42D78ED                        |  |
| City<br>ENCINO                                                                                                                                  | State<br>CA | Zip Code<br>91426-0770                        | Amount of Each Receipt this Period<br>2900.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input checked="" type="checkbox"/> |                                                              |  |
| Name of Employer<br>INFORMATION REQUESTED                                                                                                       |             | Occupation<br>INFORMATION REQUESTED           |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                 |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>VINE, ANDREW, , ,                                                                          |             |                                               | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 1013 ALTA CIR                                                                                                                   |             |                                               | Transaction ID : A0C60F44DDD8C4693874                        |  |
| City<br>LOUISVILLE                                                                                                                              | State<br>KY | Zip Code<br>40205-1724                        | Amount of Each Receipt this Period<br>2900.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input checked="" type="checkbox"/> |                                                              |  |
| Name of Employer<br>INFORMATION REQUESTED                                                                                                       |             | Occupation<br>INFORMATION REQUESTED           |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                 |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>FIELDS, HAROLD, , ,                                                                        |             |                                               | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 121 N POST OAK LN<br>STE. 601                                                                                                   |             |                                               | Transaction ID : A40C0760DE3104A46BDB                        |  |
| City<br>HOUSTON                                                                                                                                 | State<br>TX | Zip Code<br>77024-7711                        | Amount of Each Receipt this Period<br>2900.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input checked="" type="checkbox"/> |                                                              |  |
| Name of Employer<br>INFORMATION REQUESTED                                                                                                       |             | Occupation<br>INFORMATION REQUESTED           |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                 |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                               | 0.00                                                         |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                               |                                                              |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MIKE CRAPO FOR U.S. SENATE**

|                                                                                |             |                                                                                                                                                 |                                                              |  |
|--------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>BELL, TROY, , ,</b>    |             |                                                                                                                                                 | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 3076 LOIS LN                                                   |             |                                                                                                                                                 | <b>Transaction ID : A629B91263B9D4A29BED</b>                 |  |
| City<br>POCATELLO                                                              | State<br>ID | Zip Code<br>83201-1924                                                                                                                          | Amount of Each Receipt this Period<br>_____ 500.00           |  |
| FEC ID number of contributing federal political committee.<br>C                |             | Name of Employer<br>INFORMATION REQUESTED                                                                                                       |                                                              |  |
| Occupation<br>INFORMATION REQUESTED                                            |             | Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                              |  |
| Election Cycle-to-Date ▼<br>_____ .00                                          |             | <input checked="" type="checkbox"/> Memo Item                                                                                                   |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>FIELDS, SIMON, , ,</b> |             |                                                                                                                                                 | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 1026 CLARK STATION RD                                          |             |                                                                                                                                                 | <b>Transaction ID : A6920896BAB6A4305A52</b>                 |  |
| City<br>FISHERVILLE                                                            | State<br>KY | Zip Code<br>40023-8715                                                                                                                          | Amount of Each Receipt this Period<br>_____ 2900.00          |  |
| FEC ID number of contributing federal political committee.<br>C                |             | Name of Employer<br>INFORMATION REQUESTED                                                                                                       |                                                              |  |
| Occupation<br>INFORMATION REQUESTED                                            |             | Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                              |  |
| Election Cycle-to-Date ▼<br>_____ .00                                          |             | <input checked="" type="checkbox"/> Memo Item                                                                                                   |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>FIELDS, CLIVE, , ,</b> |             |                                                                                                                                                 | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 2905 MID LN<br>UNIT A                                          |             |                                                                                                                                                 | <b>Transaction ID : A745A3C2A26D64356A42</b>                 |  |
| City<br>HOUSTON                                                                | State<br>TX | Zip Code<br>77027-4956                                                                                                                          | Amount of Each Receipt this Period<br>_____ 2900.00          |  |
| FEC ID number of contributing federal political committee.<br>C                |             | Name of Employer<br>INFORMATION REQUESTED                                                                                                       |                                                              |  |
| Occupation<br>INFORMATION REQUESTED                                            |             | Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                              |  |
| Election Cycle-to-Date ▼<br>_____ .00                                          |             | <input checked="" type="checkbox"/> Memo Item                                                                                                   |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                        |             |                                                                                                                                                 | _____ 0.00                                                   |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶              |             |                                                                                                                                                 | _____                                                        |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

|                                                                                                                                                 |             |                                               |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>FIELDS, SANDRA, , ,</b>                                                                 |             |                                               | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 121 N POST OAK LN<br>STE. 601                                                                                                   |             |                                               | <b>Transaction ID : A0C85A14FECC3419DA9B</b>                 |  |
| City<br>HOUSTON                                                                                                                                 | State<br>TX | Zip Code<br>77024-7711                        | Amount of Each Receipt this Period<br>2900.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Amount of Each Receipt this Period<br>2900.00 |                                                              |  |
| Name of Employer<br>INFORMATION REQUESTED                                                                                                       |             | Occupation<br>INFORMATION REQUESTED           |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>.00               |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>BARRY, TIMOTHY, , ,</b>                                                                 |             |                                               | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 861 BLUFF ST                                                                                                                    |             |                                               | <b>Transaction ID : A104C6CF46FF24CCC8BD</b>                 |  |
| City<br>GLENCOE                                                                                                                                 | State<br>IL | Zip Code<br>60022-1572                        | Amount of Each Receipt this Period<br>2900.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Amount of Each Receipt this Period<br>2900.00 |                                                              |  |
| Name of Employer<br>INFORMATION REQUESTED                                                                                                       |             | Occupation<br>INFORMATION REQUESTED           |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>.00               |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>DIRECT SUPPLY INC PARTNERS PAC</b>                                                      |             |                                               | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 6767 N INDUSTRIAL RD.                                                                                                           |             |                                               | <b>Transaction ID : AC72B95009B42429EB8D</b>                 |  |
| City<br>MILWAUKEE                                                                                                                               | State<br>WI | Zip Code<br>53223                             | Amount of Each Receipt this Period<br>5000.00                |  |
| FEC ID number of contributing federal political committee.<br>C C00409516                                                                       |             | Amount of Each Receipt this Period<br>5000.00 |                                                              |  |
| Name of Employer<br>Occupation                                                                                                                  |             | Election Cycle-to-Date ▼<br>.00               |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>.00               |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                               | 0.00                                                         |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                               |                                                              |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

**A.** Full Name (Last, First, Middle Initial)  
NAJARIAN, ODET, , ,

Mailing Address PO BOX 260770

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>ENCINO | State<br>CA | Zip Code<br>91426-0770 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. C

|                                           |                                     |
|-------------------------------------------|-------------------------------------|
| Name of Employer<br>INFORMATION REQUESTED | Occupation<br>INFORMATION REQUESTED |
|-------------------------------------------|-------------------------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 01 / 2022          |

Transaction ID : A3B3BC5DF92C4491AB33

Amount of Each Receipt this Period

|         |
|---------|
| 2900.00 |
|---------|

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
PERKINS, TAMMY, , ,

Mailing Address 12096 W LONGFELLOW DR

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>BOISE | State<br>ID | Zip Code<br>83709-7717 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. C

|                                           |                                     |
|-------------------------------------------|-------------------------------------|
| Name of Employer<br>INFORMATION REQUESTED | Occupation<br>INFORMATION REQUESTED |
|-------------------------------------------|-------------------------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 01 / 2022          |

Transaction ID : A3FA55188AF4D4B4883D

Amount of Each Receipt this Period

|        |
|--------|
| 500.00 |
|--------|

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
ASSURED GUARANTY MUNICIPAL CORP. PAC

Mailing Address 1633 BROADWAY

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>NEW YORK | State<br>NY | Zip Code<br>10019 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. C C00685958

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 01 / 2022          |

Transaction ID : A9601B905FE5B4263863

Amount of Each Receipt this Period

|         |
|---------|
| 5000.00 |
|---------|

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

|      |
|------|
| 0.00 |
|------|

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

|                                                                                                                                                 |             |                                                         |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>VARIAN MEDICAL SYSTEMS, INC. PAC ('VARIAN PAC')</b>                                     |             |                                                         | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 801 PENN AVE. NW<br>STE. 730                                                                                                    |             |                                                         | <b>Transaction ID : A99B613AB23064F458B2</b>                 |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20004                                       | Amount of Each Receipt this Period<br>2500.00                |  |
| FEC ID number of contributing federal political committee.<br>C C00450965                                                                       |             | Name of Employer<br>Occupation                          |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                           |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>INTERNATIONAL ASSOC OF FIRE FIGHTERS PAC</b>                                            |             |                                                         | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 1750 NEW YORK AVE. NW                                                                                                           |             |                                                         | <b>Transaction ID : A697265DAE1E64BBC8C6</b>                 |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20006                                       | Amount of Each Receipt this Period<br>5000.00                |  |
| FEC ID number of contributing federal political committee.<br>C C00203497                                                                       |             | Name of Employer<br>Occupation                          |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                           |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>SIEBEL, ROBERT, , ,</b>                                                                 |             |                                                         | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>11 / 01 / 2022 |  |
| Mailing Address 14325 W CENTER DR                                                                                                               |             |                                                         | <b>Transaction ID : AE581327284A244C88AA</b>                 |  |
| City<br>LAKEWOOD                                                                                                                                | State<br>CO | Zip Code<br>80228-2315                                  | Amount of Each Receipt this Period<br>2500.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation<br>INFORMATION REQUESTED |                                                              |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>.00                           |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                         | 0.00                                                         |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                         |                                                              |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

**A.** Full Name (Last, First, Middle Initial)  
VINE, MANDY, , ,

Mailing Address 1013 ALTA CIR

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>LOUISVILLE | State<br>KY | Zip Code<br>40205-1724 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. C

|                                           |                                     |
|-------------------------------------------|-------------------------------------|
| Name of Employer<br>INFORMATION REQUESTED | Occupation<br>INFORMATION REQUESTED |
|-------------------------------------------|-------------------------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 01 / 2022          |

Transaction ID : A20CA62BC9542473294A

Amount of Each Receipt this Period

|         |
|---------|
| 2900.00 |
|---------|

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
BARRY, STEPHANIE, , ,

Mailing Address 861 BLUFF ST

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>GLENCOE | State<br>IL | Zip Code<br>60022-1572 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. C

|                                           |                                     |
|-------------------------------------------|-------------------------------------|
| Name of Employer<br>INFORMATION REQUESTED | Occupation<br>INFORMATION REQUESTED |
|-------------------------------------------|-------------------------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 01 / 2022          |

Transaction ID : AA5E8491DBFC54C2F90F

Amount of Each Receipt this Period

|         |
|---------|
| 2900.00 |
|---------|

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
CIM (DELAWARE) INC. PAC CARLYLE PAC

Mailing Address 1001 PENNSYLVANIA AVE. NW  
STE. 220 SOUTH

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. C C00689091

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 01 / 2022          |

Transaction ID : A6514149DC8104C03BD7

Amount of Each Receipt this Period

|         |
|---------|
| 5000.00 |
|---------|

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

|      |
|------|
| 0.00 |
|------|

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF FARM SERVICE AGENCY COUNTY OFFICE EMPLOYEES INC PPC AKA NASCOE PAC**A.** Mailing Address 800 N CAPITOL ST. NW  
STE. 800

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20002 |
|--------------------|-------------|-------------------|

FEC ID number of contributing  
federal political committee. **C** C00413567

Name of Employer Occupation

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 01 / 2022          |

Transaction ID : A79C29A8009BB435B83E

Amount of Each Receipt this Period

1000.00

☒ Memo Item**B.** Full Name (Last, First, Middle Initial)  
PLANTOWSKY, SCOTT, , ,

Mailing Address 5105 VALERIE ST

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>BELLAIRE | State<br>TX | Zip Code<br>77401-4915 |
|------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C**Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTEDReceipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 01 / 2022          |

Transaction ID : A264B0070A6294439AA5

Amount of Each Receipt this Period

2900.00

☒ Memo Item**C.** Full Name (Last, First, Middle Initial)  
GILBERT, DANIEL, , ,

Mailing Address 1074 WOODWARD AVE

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>DETROIT | State<br>MI | Zip Code<br>48226-1906 |
|-----------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C**Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTEDReceipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 04 / 2022          |

Transaction ID : A66ADA7F416D748D7A53

Amount of Each Receipt this Period

2900.00

☒ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

|      |
|------|
| 0.00 |
|------|

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**HORIZON THERAPEUTICS USA INC. PAC**  
 Mailing Address 1 HORIZON WAY

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>DEERFIELD | State<br>IL | Zip Code<br>60015 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00624148

Name of Employer Occupation

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 07 / 2022          |

Transaction ID : A19BB4F9AC6874187BCC

Amount of Each Receipt this Period

|         |
|---------|
| 4000.00 |
|---------|

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**VILLAGE MD PAC**

Mailing Address 125 S CLARK ST  
 STE 900

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>CHICAGO | State<br>IL | Zip Code<br>60603 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00743344

Name of Employer Occupation

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 07 / 2022          |

Transaction ID : A46492192003248A7883

Amount of Each Receipt this Period

|         |
|---------|
| 2900.00 |
|---------|

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**TE CONNECTIVITY CORPORATION PAC**

Mailing Address 601 13TH ST. NW  
 STE. 850 S

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00433482

Name of Employer Occupation

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 08 / 2022          |

Transaction ID : ABABB029CE6174966AFA

Amount of Each Receipt this Period

|         |
|---------|
| 2500.00 |
|---------|

☒ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

|      |
|------|
| 0.00 |
|------|

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**US TRAVEL ASSOCIATION PAC**

Mailing Address 1100 NEW YORK AVE.  
 STE. 450W

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing  
federal political committee.

**C** C00457754

Name of Employer

Occupation

Receipt For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2022

Transaction ID : A47AC379BBB7B4310A21

Amount of Each Receipt this Period

2500.00

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CARAM, GEORGE, NICHOLAS, , IV**

Mailing Address 400 ARMY NAVY DR  
 APT 1311

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>ARLINGTON | State<br>VA | Zip Code<br>22202-4760 |
|-------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

MILLER STRATEGIES LLC

PRINCIPAL

Receipt For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2022

Transaction ID : AB5527A60558F4484AB7

Amount of Each Receipt this Period

500.00

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**COTTAGES SENIOR LIVING LLC**

Mailing Address 1079 S ANCONA AVE  
 STE 110

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>EAGLE | State<br>ID | Zip Code<br>83616-5539 |
|---------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2022

Transaction ID : AB9C3C2E7856544339A5

Amount of Each Receipt this Period

500.00

☒ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

GANI, AARON, H, ,

A.

Mailing Address 833 FREEMAN LAKE RD

City

ELIZABETHTOWN

State

KY

Zip Code

42701-2157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEHAVR, INC.Occupation  
CEO

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10  |   | 11  |   | 2022        |

Transaction ID : A25F173DA757C414D967

Amount of Each Receipt this Period

2500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN HEALTH PARTNERS MANAGEMENT LLC

B.

Mailing Address 201 JORDAN RD  
STE 200

City

FRANKLIN

State

TN

Zip Code

37067-4495

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 11  |   | 01  |   | 2022        |

Transaction ID : A30B289B745A64FCFA5D

Amount of Each Receipt this Period

2500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

FOGG, PHIL, , , JR.

C.

Mailing Address 4560 SE INTERNATIONAL WAY

City

MILWAUKIE

State

OR

Zip Code

97222-4628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARQUIS COMPANIES

Occupation

PRESIDENT

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10  |   | 20  |   | 2022        |

Transaction ID : A22FE494C146A447BA46

Amount of Each Receipt this Period

2500.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**ACHS HOSPICE & PALLIATIVE CARE LLC**

Mailing Address 322 DEMERS AVE  
STE 500

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>GRAND FORKS | State<br>ND | Zip Code<br>58201-4799 |
|---------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2022

Transaction ID : AA7904CB1443B4B148A9

Amount of Each Receipt this Period

2900.00

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MCCARTHY, OWEN, Z, ,**

Mailing Address 4 OLD DYNAMITE WAY

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>GORHAM | State<br>ME | Zip Code<br>04038-1575 |
|----------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

MEDRHYTHMS

ENTREPRENEUR

Receipt For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2022

Transaction ID : A91DFFB51835E4055B2C

Amount of Each Receipt this Period

1000.00

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HARRIS, BRIAN, , ,**

Mailing Address 12 ALPINE DR

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>WINDHAM | State<br>ME | Zip Code<br>04062-5911 |
|-----------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

MEDRHYTHMS

CEO

Receipt For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2022

Transaction ID : A75D7B7BBC9744FCC81D

Amount of Each Receipt this Period

1000.00

☒ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

**A.** Full Name (Last, First, Middle Initial)  
TRYON, WARREN, , ,

Mailing Address 225 12TH ST NE

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20002-6315 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. C

|                                     |                       |
|-------------------------------------|-----------------------|
| Name of Employer<br>CAPITOL COUNSEL | Occupation<br>PARTNER |
|-------------------------------------|-----------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 10 / 24 / 2022          |

Transaction ID : A6CC402F68AAD4B4D859

Amount of Each Receipt this Period

|        |
|--------|
| 500.00 |
|--------|

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
WALTER, JEFFERY, M, ,

Mailing Address 1925 SUMMIT TER

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>ALEXANDRIA | State<br>VA | Zip Code<br>22307-1146 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. C

|                                     |                          |
|-------------------------------------|--------------------------|
| Name of Employer<br>CAPITOL COUNSEL | Occupation<br>CONSULTANT |
|-------------------------------------|--------------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 11 / 02 / 2022          |

Transaction ID : A439B325FABC44542AE4

Amount of Each Receipt this Period

|         |
|---------|
| 1500.00 |
|---------|

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
SALAME, RYAN, , ,

Mailing Address 9800 AVENEL FARM DR

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>POTOMAC | State<br>MD | Zip Code<br>20854-5408 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. C

|                         |                   |
|-------------------------|-------------------|
| Name of Employer<br>FTX | Occupation<br>CEO |
|-------------------------|-------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 10 / 20 / 2022          |

Transaction ID : A47A2E856D4EE4F70879

Amount of Each Receipt this Period

|         |
|---------|
| 2900.00 |
|---------|

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

|      |
|------|
| 0.00 |
|------|

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**BANKMAN-FRIED, SAM, , ,**

Mailing Address 743 COOKSEY LN

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>STANFORD | State<br>CA | Zip Code<br>94305-8417 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                         |                       |
|-------------------------|-----------------------|
| Name of Employer<br>FTX | Occupation<br>FOUNDER |
|-------------------------|-----------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2022

Transaction ID : A8EBC761C39744F46863

Amount of Each Receipt this Period

2900.00

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**TREESE, WILLIAM, , ,**

Mailing Address 1206 MACDONALD RANCH DR

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>HENDERSON | State<br>NV | Zip Code<br>89012-7273 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                                 |                   |
|-------------------------------------------------|-------------------|
| Name of Employer<br>BEHAVIORAL HEALTH SOLUTIONS | Occupation<br>CEO |
|-------------------------------------------------|-------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2022

Transaction ID : AEBF9EAF618BB458690B

Amount of Each Receipt this Period

2500.00

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**LYNCH, CASEY, , ,**

Mailing Address 315 30TH ST

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>SAN FRANCISCO | State<br>CA | Zip Code<br>94131-2408 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2022

Transaction ID : A71A4D68970B94FF291F

Amount of Each Receipt this Period

2900.00

☒ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

**A.** Full Name (Last, First, Middle Initial)  
STUDER, JACQUELINE, LEE, ,  
Mailing Address 31 TOWN LANDING RD

City  
FALMOUTHState  
MEZip Code  
04105-1638FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AKILI, INC.Occupation  
SENIOR EXECUTIVE, LAWYER

Receipt For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 12 |   |   | 2022 |   |   |   |

Transaction ID : ABB66F3CAE7484D24BAF

Amount of Each Receipt this Period

1000.00

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
LYNCH, ZACK, , ,  
Mailing Address 315 30TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94131-2408FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAZZ VENTURE PARTNERSOccupation  
FINANCE

Receipt For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 11 |   |   | 2022 |   |   |   |

Transaction ID : A05AA29FECE7D4BB698F

Amount of Each Receipt this Period

2900.00

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
MANDEL, JESSICA, ANNE, ,  
Mailing Address 1526 17TH ST NW  
APT 406

City  
WASHINGTONState  
DCZip Code  
20036-6208FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLER STRATEGIESOccupation  
LOBBYIST

Receipt For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 02 |   |   | 2022 |   |   |   |

Transaction ID : A094C90A974B548F3964

Amount of Each Receipt this Period

2500.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 98

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MIKE CRAPO FOR U.S. SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**GUNN, ASHLEY, , ,**

Mailing Address 313 MANSION DR

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>ALEXANDRIA | State<br>VA | Zip Code<br>22302-2904 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                       |                         |
|---------------------------------------|-------------------------|
| Name of Employer<br>MILLER STRATEGIES | Occupation<br>PRINCIPAL |
|---------------------------------------|-------------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2022

Transaction ID : AABEE4AD69F1641EA956

Amount of Each Receipt this Period

. . . . . 1000.00

☒ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**HILER, JONNY, , ,**

Mailing Address 8802 FIRCREST PL  
 STE 315

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>ALEXANDRIA | State<br>VA | Zip Code<br>22308-2632 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                            |                          |
|--------------------------------------------|--------------------------|
| Name of Employer<br>MILLER STRATEGIES, LLC | Occupation<br>CONSULTING |
|--------------------------------------------|--------------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2022

Transaction ID : A994805BC89D441099FB

Amount of Each Receipt this Period

. . . . . 1500.00

☒ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MILLER, JEFFREY, , ,**

Mailing Address 4723 CAT MOUNTAIN DR

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>AUSTIN | State<br>TX | Zip Code<br>78731-3507 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                            |                   |
|--------------------------------------------|-------------------|
| Name of Employer<br>MILLER STRATEGIES, LLC | Occupation<br>CEO |
|--------------------------------------------|-------------------|

Receipt For: 2022  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 .00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2022

Transaction ID : AA066476986C9497CA4A

Amount of Each Receipt this Period

. . . . . 2900.00

☒ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

. . . . . 0.00

. . . . . 100300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 98

|                              |                              |                              |                                        |                             |
|------------------------------|------------------------------|------------------------------|----------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d           | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input checked="" type="checkbox"/> 14 | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

DELTA AIRLINES

A.

Mailing Address 1600 AVIATION BLVD

City

ATLANTA

State

GA

Zip Code

30320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9106.60

Date of Receipt

M M / D D / Y Y Y Y Y  
02 27 2023

Transaction ID : AEC3D5190B45D4B26AE3

Amount of Each Receipt this Period

2963.40

☐ Memo Item  
REFUND OF AIRFARE

Full Name (Last, First, Middle Initial)

DELTA AIRLINES

B.

Mailing Address 1600 AVIATION BLVD

City

ATLANTA

State

GA

Zip Code

30320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

26857.50

Date of Receipt

M M / D D / Y Y Y Y Y  
03 27 2023

Transaction ID : A7F202AE3586C4350BB7

Amount of Each Receipt this Period

17750.90

☐ Memo Item  
REFUND OF AIRFARE

Full Name (Last, First, Middle Initial)

SANDLER INNOCENZI

C.

Mailing Address 11 PALMETTO BAY RD, #1207

City

HILTON HEAD ISLAND

State

SC

Zip Code

29928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1017.20

Date of Receipt

M M / D D / Y Y Y Y Y  
03 28 2023

Transaction ID : A7B734CC117274EAFACC

Amount of Each Receipt this Period

967.20

☐ Memo Item  
REFUND OF MEDIA PRODUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

21681.50

21681.50

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |
| <input checked="" type="checkbox"/> 15 |                              |                              |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

ZIONS BANK MONEY MARKET - BOISE

Mailing Address 890 W MAIN ST

City

BOISE

State

ID

Zip Code

83702-5899

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

842.23

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 6 | / | 2 | 0 | 2 | 3 |

Transaction ID : A239F3B7687D54180AB7

Amount of Each Receipt this Period

434.72

☐ Memo Item  
BANK INTEREST

Full Name (Last, First, Middle Initial)

ZIONS BANK MONEY MARKET - BOISE

Mailing Address 890 W MAIN ST

City

BOISE

State

ID

Zip Code

83702-5899

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1852.24

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 6 | / | 2 | 0 | 2 | 3 |

Transaction ID : A5DA01BAD41464380912

Amount of Each Receipt this Period

1010.01

☐ Memo Item  
BANK INTEREST

Full Name (Last, First, Middle Initial)

ZIONS BANK MONEY MARKET - BOISE

Mailing Address 890 W MAIN ST

City

BOISE

State

ID

Zip Code

83702-5899

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3401.34

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 2 | 3 |

Transaction ID : ACEF468D08292487D9B9

Amount of Each Receipt this Period

1549.10

☐ Memo Item  
BANK INTEREST

SUBTOTAL of Receipts This Page (optional).....▶

2993.83

TOTAL This Period (last page this line number only).....▶

2993.83

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 2654 N US HIGHWAY 169

City  
COFFEYVILLEState  
KSZip Code  
67337-9254Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 09  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

35.99

Transaction ID : B6F445B4431C34D25850

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 2654 N US HIGHWAY 169

City  
COFFEYVILLEState  
KSZip Code  
67337-9254Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 09  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

252.62

Transaction ID : B03F8C69D92C54D0D9A6

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 2654 N US HIGHWAY 169

City  
COFFEYVILLEState  
KSZip Code  
67337-9254Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 14  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.60

Transaction ID : BC15F48684F0B4FCA908

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

299.21

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 2654 N US HIGHWAY 169

City  
COFFEYVILLEState  
KSZip Code  
67337-9254Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 17  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

15.87

Transaction ID : BF2818354306E4688A05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 2654 N US HIGHWAY 169

City  
COFFEYVILLEState  
KSZip Code  
67337-9254Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 22  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

18.06

Transaction ID : B17DF338C1F4B4DB4AE1

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 2654 N US HIGHWAY 169

City  
COFFEYVILLEState  
KSZip Code  
67337-9254Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

106.00

Transaction ID : B231BC68153E54363B75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

139.93

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 2654 N US HIGHWAY 169

City  
COFFEYVILLEState  
KSZip Code  
67337-9254Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

201.93

Transaction ID : B7CB49BC3F4974BFEBCE

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 2654 N US HIGHWAY 169

City  
COFFEYVILLEState  
KSZip Code  
67337-9254Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

252.09

Transaction ID : B66C455A19EFC42848CD

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155-2605Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1093.39

Transaction ID : B6FB75DF813AD44069A3

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1547.41

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 08  | 2023    |

City  
FORT WORTHState  
TXZip Code  
76155-2605Purpose of Disbursement  
AIRFARE

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

759.90

Transaction ID : B04E259A95ABF413CB33

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 07  | 2023    |

City  
WASHINGTONState  
DCZip Code  
20002-4214Purpose of Disbursement  
TRAIN FARE

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

509.00

Transaction ID : BD5059B0D997B4A2BAC3

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. ANEDOT**Mailing Address 555 HILTON AVE  
STE 106

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 01  | 31  | 2023    |

City  
BATON ROUGEState  
LAZip Code  
70808Purpose of Disbursement  
CC TRANSACTION FEES

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

78.60

Transaction ID : BFC7E4E082820446DA86

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

1347.50

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 555 HILTON AVE  
STE 106City  
BATON ROUGEState  
LAZip Code  
70808Purpose of Disbursement  
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 22  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

177.00

Transaction ID : B238366F462334F11BD9

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE INTERNATIONAL, INC.**

Mailing Address 205 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-1164Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 01  | 30  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

4010.00

Transaction ID : BF9BDA64ED1C34455868

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BALLARD, MARGARET, , ,**

Mailing Address 2107 W SUNRISE RIM RD

City  
BOISEState  
IDZip Code  
83705-5145Purpose of Disbursement  
MILEAGE REIMBURSEMENT

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 01  | 03  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

681.87

Transaction ID : B6BC53BDEFF6B4BC2BD8

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4868.87

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. BALLARD, MARGARET, , ,**

Mailing Address 2107 W SUNRISE RIM RD

City  
BOISEState  
IDZip Code  
83705-5145Purpose of Disbursement  
SEE MEMO

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 3 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

360.45

Transaction ID : B5CACEFACBE6040CABEA

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CENTURY LINK**

Mailing Address PO BOX 29040

City  
PHOENIXState  
AZZip Code  
85038-9040Purpose of Disbursement  
INTERNET

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 3 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

241.77

Transaction ID : B642DCC09EACA40EB9A7

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BALLARD, MARGARET, , ,**

Mailing Address 2107 W SUNRISE RIM RD

City  
BOISEState  
IDZip Code  
83705-5145Purpose of Disbursement  
SALARY

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

13385.65

Transaction ID : B473282C5D01844B1965

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

13746.10

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. BALLARD, MARGARET, , ,**

Mailing Address 2107 W SUNRISE RIM RD

City  
BOISEState  
IDZip Code  
83705-5145Purpose of Disbursement  
SEE MEMO

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1680.30

Transaction ID : BC390A47F10194C5B99D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COSTCO - BOISE**

Mailing Address 2051 S COLE RD

City  
BOISEState  
IDZip Code  
83709-2815Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

372.76

Transaction ID : B83891B3867244B9D811

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CENTURY LINK**

Mailing Address PO BOX 29040

City  
PHOENIXState  
AZZip Code  
85038-9040Purpose of Disbursement  
INTERNET

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

226.68

Transaction ID : B528D780104C74578A63

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1680.30

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. BALLARD, MARGARET, , ,**

Mailing Address 2107 W SUNRISE RIM RD

City  
BOISEState  
IDZip Code  
83705-5145Purpose of Disbursement  
MILEAGE REIMBURSEMENT

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 29  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

750.63

Transaction ID : BE60B5FD9DB984A279F9

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 2200 14TH ST NW

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
POSTAGE

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 29  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

70.41

Transaction ID : B8FEF74793457467A944

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BARRACKS ROW STRATEGIES**

Mailing Address 5263 POCOSIN LN

City  
ALEXANDRIAState  
VAZip Code  
22304-8675Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 03  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

15000.00

Transaction ID : BA0EDEFDAB1314370B05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. BARRACKS ROW STRATEGIES**

Mailing Address 5263 POCOSIN LN

City  
ALEXANDRIAState  
VAZip Code  
22304-8675Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 14  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

43273.48

Transaction ID : BEB85B1B3300C4E3C8FC

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CANYON COUNTY REPUBLICAN CENTRAL COMMITTEE**

Mailing Address 19105 EVENING DRIVE

City  
CALDWELLState  
IDZip Code  
83605Purpose of Disbursement  
EVENT TICKETSCategory/  
Type

Candidate Name

CANYON COUNTY REPUBLICAN CENTRAL COMMITTEE

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 24  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B574924FD317C4F9D80C

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CARPENTER, MOLLY, , ,**

Mailing Address 1332 TALBERT TER SE

City  
WASHINGTONState  
DCZip Code  
20020-5214Purpose of Disbursement  
REIMBURSE CAR RENTAL-NO ITEMIZATION NECESSARY

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 30  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

82.28

Transaction ID : B5429E1B4D90D4E53932

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

44355.76

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. CITICARDS - THE LAKES**

Mailing Address PO BOX 6000

City  
THE LAKESState  
NVZip Code  
88901-0001Purpose of Disbursement  
SEE MEMO

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 10  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

788.18

Transaction ID : B41D0C7AEF53842B5AB6

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COSTCO - BOISE**

Mailing Address 2051 S COLE RD

City  
BOISEState  
IDZip Code  
83709-2815Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 10  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

662.20

Transaction ID : B9FC8A1A37E2D47F7A4D

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CITICARDS - THE LAKES**

Mailing Address PO BOX 6000

City  
THE LAKESState  
NVZip Code  
88901-0001Purpose of Disbursement  
SEE MEMO

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 15  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

901.20

Transaction ID : B0C58280FD35B4DD68D3

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1689.38

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1600 AVIATION BLVD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 15  |   | 2023    |

City  
ATLANTAState  
GAZip Code  
30320

FEC Identification Number

C

Purpose of Disbursement  
AIRFARE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

901.20

Transaction ID : B8D0915B1341D4ECDBB6

☒ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. COMCAST CABLE**

Mailing Address PO BOX 3005

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 20  |   | 2023    |

City  
SOUTHEASTERNState  
PAZip Code  
19398-3005

FEC Identification Number

C

Purpose of Disbursement  
INTERNET

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

650.18

Transaction ID : BC3C5359307874DD1B64

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. CONNER LEHOSIT, COURTNEY, , ,**

Mailing Address 1356 E CHARDIE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 17  |   | 2023    |

City  
BOISEState  
IDZip Code  
83702-1934

FEC Identification Number

C

Purpose of Disbursement  
REIMBURSE TRAVEL/MEETING EXPENSES-NO ITEMIZATION  
NECESSARY

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

229.46

Transaction ID : B9AF9B0E2C65C4266840

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

879.64

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

A. CRAPO, MIKE, , ,

Mailing Address SENATE DIRKSEN 239

City  
WASHINGTONState  
DCZip Code  
20515-0001Purpose of Disbursement  
SEE MEMO

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

975.10

Transaction ID : B350DA48E1DCC4793B25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STAPLES - WASHINGTON

Mailing Address 1250 H ST NW

City  
WASHINGTONState  
DCZip Code  
20005-3952Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

622.34

Transaction ID : B8707683EF2174311B36

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. APPLE INC

Mailing Address 1 INFINITE LOOP

City  
CUPERTINOState  
CAZip Code  
95014-2083Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

203.76

Transaction ID : BCFF7D80B4E654D23976

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

975.10

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1600 AVIATION BLVD

City  
ATLANTAState  
GAZip Code  
30320Purpose of Disbursement  
AIRFARE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

8450.50

Transaction ID : BC0BF36F103A4450FBCF

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address 1600 AVIATION BLVD

City  
ATLANTAState  
GAZip Code  
30320Purpose of Disbursement  
AIRFARE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 0 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

15349.50

Transaction ID : B367743EDFD0544E0B08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address 1600 AVIATION BLVD

City  
ATLANTAState  
GAZip Code  
30320Purpose of Disbursement  
AIRFARE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1889.90

Transaction ID : BD4911EB279794E38AA3

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25689.90

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1600 AVIATION BLVD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 17  |   | 2023    |

City  
ATLANTAState  
GAZip Code  
30320

FEC Identification Number

C

Purpose of Disbursement  
AIRFARE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2342.40

Transaction ID : B62AA3EAFB51943809F6

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address 1600 AVIATION BLVD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 27  |   | 2023    |

City  
ATLANTAState  
GAZip Code  
30320

FEC Identification Number

C

Purpose of Disbursement  
AIRFARE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

9246.00

Transaction ID : B39E895AE664648D89A1

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. DIRECTSND LLC**

Mailing Address 4141 BUTTERFIELD RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 03  |   | 2023    |

City  
CEDAR FALLSState  
IAZip Code  
50613-9631

FEC Identification Number

C

Purpose of Disbursement  
TEXT MARKETING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

111.47

Transaction ID : BAF23BF6366A04CEB94A

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

11699.87

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. FEDEX KINKOS**

Mailing Address 3110 E FLORENCE DR

City  
MERIDIANState  
IDZip Code  
83642-1586Purpose of Disbursement  
SHIPPING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 19  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

314.72

Transaction ID : B9AFC2FEFF26C4489B38

☐ Memo Item**B. FEDEX KINKOS**

Mailing Address 3110 E FLORENCE DR

City  
MERIDIANState  
IDZip Code  
83642-1586Purpose of Disbursement  
SHIPPING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 27  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

87.10

Transaction ID : BA855C7D831E942C9B30

☐ Memo Item**C. FEDEX KINKOS**

Mailing Address 3110 E FLORENCE DR

City  
MERIDIANState  
IDZip Code  
83642-1586Purpose of Disbursement  
SHIPPING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 02  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

294.93

Transaction ID : B0BD8BCC3495E4334867

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

696.75

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. FEDEX KINKOS**

Mailing Address 3110 E FLORENCE DR

City  
MERIDIANState  
IDZip Code  
83642-1586Purpose of Disbursement  
SHIPPING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 0 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

44.95

Transaction ID : BCDDF06DD0B844665860

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX KINKOS**

Mailing Address 3110 E FLORENCE DR

City  
MERIDIANState  
IDZip Code  
83642-1586Purpose of Disbursement  
SHIPPING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

98.49

Transaction ID : BEEE4DEBB17454A629F5

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX KINKOS**

Mailing Address 3110 E FLORENCE DR

City  
MERIDIANState  
IDZip Code  
83642-1586Purpose of Disbursement  
SHIPPING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

44.26

Transaction ID : BEC6ED24929C941A089B

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

187.70

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. FEDEX KINKOS**

Mailing Address 3110 E FLORENCE DR

City  
MERIDIANState  
IDZip Code  
83642-1586Purpose of Disbursement  
SHIPPING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

196.64

Transaction ID : B729F3A7F707643B3B70

☐ Memo Item**B. FEDEX KINKOS**

Mailing Address 3110 E FLORENCE DR

City  
MERIDIANState  
IDZip Code  
83642-1586Purpose of Disbursement  
SHIPPING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

72.67

Transaction ID : B580FDFD5EFFB4E71839

☐ Memo Item**C. FEDEX KINKOS**

Mailing Address 3110 E FLORENCE DR

City  
MERIDIANState  
IDZip Code  
83642-1586Purpose of Disbursement  
SHIPPING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

186.87

Transaction ID : B45134D51A31D43C5A0B

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

456.18

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. FEDEX KINKOS**

Mailing Address 3110 E FLORENCE DR

City  
MERIDIANState  
IDZip Code  
83642-1586Purpose of Disbursement  
SHIPPING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 0 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

163.16

Transaction ID : B8C493C2928AB471A926

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FISH RESTAURANT**

Mailing Address 4360 GULF SHORE BLVD N

City  
NAPLESState  
FLZip Code  
34103-2665Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 0 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

622.77

Transaction ID : BD1F062CAC69B47D0990

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GODADDY.COM - MORENCI**

Mailing Address 8564 PO BOX

City  
MORENCIState  
AZZip Code  
85540Purpose of Disbursement  
WEB SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

191.88

Transaction ID : B0EE95A7ED51643B58C6

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

977.81

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. GODADDY.COM - MORENCI**

Mailing Address 8564 PO BOX

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 21  | 2023    |

City  
MORENCIState  
AZZip Code  
85540Purpose of Disbursement  
WEB SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2264.71

Transaction ID : B2EDDD1A53D724C0C858

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GODADDY.COM - MORENCI**

Mailing Address 8564 PO BOX

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 27  | 2023    |

City  
MORENCIState  
AZZip Code  
85540Purpose of Disbursement  
WEB SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

40.34

Transaction ID : B9699422126C046C1905

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GODADDY.COM - MORENCI**

Mailing Address 8564 PO BOX

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 06  | 2023    |

City  
MORENCIState  
AZZip Code  
85540Purpose of Disbursement  
WEB SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1091.28

Transaction ID : B8D69D65C9B9C4857908

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3396.33

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. GUGEL, TROY, , ,**

Mailing Address 2107 W SUNRISE RIM RD

City  
BOISEState  
IDZip Code  
83705-5145Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 04  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

10082.00

Transaction ID : B9628ADD707FB46C199A

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GUGEL, TROY, , ,**

Mailing Address 2107 W SUNRISE RIM RD

City  
BOISEState  
IDZip Code  
83705-5145Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 31  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

10082.00

Transaction ID : B12F09573FB6E4291A2B

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HANSEN, ROY, , ,**

Mailing Address 11863 VIOLA DR

City  
BOISEState  
IDZip Code  
83713-4967Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 04  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

11082.00

Transaction ID : B87B4A1F784544726902

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

31246.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. HANSEN, ROY, , ,**

Mailing Address 11863 VIOLA DR

City  
BOISEState  
IDZip Code  
83713-4967Purpose of Disbursement  
SALARY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 31  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

11082.00

Transaction ID : BEF413E15DF064C7DAD8

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HARRELL, PARKER, , ,**

Mailing Address 19404 HOLLOW LN

City  
REDDINGState  
CAZip Code  
96003-9527Purpose of Disbursement  
SALARY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 04  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

554.10

Transaction ID : BC6D7C85441E8432D897

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HARRELL, PARKER, , ,**

Mailing Address 19404 HOLLOW LN

City  
REDDINGState  
CAZip Code  
96003-9527Purpose of Disbursement  
SALARY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 31  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

554.10

Transaction ID : BAD89381F1D1F4DEB821

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12190.20

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. HARRELL, PARKER, , ,**

Mailing Address 19404 HOLLOW LN

City  
REDDINGState  
CAZip Code  
96003-9527Purpose of Disbursement  
SEE MEMO

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

7464.01

Transaction ID : BA9AB02DAAF02426FA79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE TORTILLA FACTORY**

Mailing Address 1492 S ENTERTAINMENT AVE

City  
BOISEState  
IDZip Code  
83709-8306Purpose of Disbursement  
MEETING EXPENSE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

12.74

Transaction ID : B7F1C699920C04DD0B89

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. COSTCO - BOISE**

Mailing Address 2051 S COLE RD

City  
BOISEState  
IDZip Code  
83709-2815Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

12.81

Transaction ID : BFC46535BC156442A88C

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7464.01

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. HELLS CANYON GRAND HOTEL**

Mailing Address 621 21ST ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 24  |   | 2023    |

City  
LEWISTONState  
IDZip Code  
83501-3285

FEC Identification Number

C

Purpose of Disbursement  
LODGING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

368.62

Transaction ID : B6D80F76C54B54EC7985

☒ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 2200 14TH ST NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 24  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20003

FEC Identification Number

C

Purpose of Disbursement  
POSTAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1.44

Transaction ID : B34484474C9FC4C869AC

☒ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. HARRELL, PARKER, , ,**

Mailing Address 19404 HOLLOW LN

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 24  |   | 2023    |

City  
REDDINGState  
CAZip Code  
96003-9527

FEC Identification Number

C

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3909.15

Transaction ID : B8960848F710648EA934

☒ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. CHIEF AUTOMOTIVE**

Mailing Address 323 E KARCHER RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 24  |   | 2023    |

City  
NAMPAState  
IDZip Code  
83687-3819

FEC Identification Number

C

Purpose of Disbursement  
AUTO REPAIRS

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

758.40

Transaction ID : BBFC5C0427F9E4372A9B

☒ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. COMFORT INNS**

Mailing Address 2250 N GEORGE ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 24  |   | 2023    |

City  
YORKState  
PAZip Code  
17406-3279

FEC Identification Number

C

Purpose of Disbursement  
LODGING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1039.17

Transaction ID : B1D9E77336EC14694B41

☒ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. IDAHO REPUBLICAN PARTY**

Mailing Address P. O. BOX 2267

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 24  |   | 2023    |

City  
BOISEState  
IDZip Code  
83701

FEC Identification Number

C

Purpose of Disbursement  
EVENT TICKETS

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

150.00

Transaction ID : BF2F977628800497DA1A

☒ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. LAQUINTA INNS AND SUITES TF**Mailing Address 909 HIDDEN RDG  
STE 600City  
IRVINGState  
TXZip Code  
75038-3822Purpose of Disbursement  
LODGING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 24  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

482.76

Transaction ID : B2ACCAC44192A426B9D6

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HARRELL, PARKER, , ,**

Mailing Address 19404 HOLLOW LN

City  
REDDINGState  
CAZip Code  
96003-9527Purpose of Disbursement  
SALARY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 27  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

554.10

Transaction ID : B7DB4831BC6914B2F9D7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HARRELL, PARKER, , ,**

Mailing Address 19404 HOLLOW LN

City  
REDDINGState  
CAZip Code  
96003-9527Purpose of Disbursement  
SALARY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

554.10

Transaction ID : B5B1BD3691B054AC484A

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1108.20

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. HITCH, KATHRYN, , ,**

Mailing Address 5855 N LEONARD AVE

City  
IDAHO FALLSState  
IDZip Code  
83401-5680Purpose of Disbursement  
REIMBURSE EVENT TICKETS-NO ITEMIZATION NECESSARY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 30  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

89.67

Transaction ID : B1973583F2DD146FE8A2

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOEHNE, JOHN, , MR.,**

Mailing Address 2296 E SHALIMAR DR

City  
EAGLEState  
IDZip Code  
83616-6608Purpose of Disbursement  
MILEAGE REIMBURSEMENT

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 06  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

722.50

Transaction ID : BD20AA066DD7942A28B3

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOEHNE, JOHN, , MR.,**

Mailing Address 2296 E SHALIMAR DR

City  
EAGLEState  
IDZip Code  
83616-6608Purpose of Disbursement  
SALARY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 31  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

11842.65

Transaction ID : B3EA7C572D0C04C18960

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12654.82

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. HOEHNE, JOHN, , MR.,**

Mailing Address 2296 E SHALIMAR DR

City  
EAGLEState  
IDZip Code  
83616-6608Purpose of Disbursement  
REIMBURSE MEETING EXPENSE-NO ITEMIZATION NECESSARY

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

138.55

Transaction ID : BCC2323A389DF4868B2C

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLTZMAN VOGEL BARAN TORCHINSKY JOSEFIK PLLC**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKETState  
VAZip Code  
20169-2706Purpose of Disbursement  
LEGAL FEES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

210.00

Transaction ID : BD2C07A353EC04146892

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLTZMAN VOGEL BARAN TORCHINSKY JOSEFIK PLLC**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKETState  
VAZip Code  
20169-2706Purpose of Disbursement  
LEGAL FEES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 0 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2880.00

Transaction ID : B0015325AFFE24678830

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3228.55

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. HOLTZMAN VOGEL BARAN TORCHINSKY JOSEFIK PLLC**

Mailing Address 15405 JOHN MARSHALL HWY

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 10  | 2023    |

City  
HAYMARKETState  
VAZip Code  
20169-2706

FEC Identification Number

C

Purpose of Disbursement  
LEGAL FEES

001

Candidate Name

Amount of Each Disbursement this Period

240.00

Transaction ID : B1BAFC819AEAC481BA00

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. INTERNAL REVENUE SERVICE - OGDEN**

Mailing Address 1973 N RULON WHITE BLVD

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 01  | 03  | 2023    |

City  
OGDENState  
UTZip Code  
84201-1000

FEC Identification Number

C

Purpose of Disbursement  
TAXES

001

Candidate Name

Amount of Each Disbursement this Period

171.60

Transaction ID : BFA3C86D64A084E57839

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. INTERNAL REVENUE SERVICE - OGDEN**

Mailing Address 1973 N RULON WHITE BLVD

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 01  | 31  | 2023    |

City  
OGDENState  
UTZip Code  
84201-1000

FEC Identification Number

C

Purpose of Disbursement  
TAXES

001

Candidate Name

Amount of Each Disbursement this Period

14029.80

Transaction ID : BB1B26CDA0F8846D0B58

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

14441.40

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. INTERNAL REVENUE SERVICE - OGDEN**

Mailing Address 1973 N RULON WHITE BLVD

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 28  | 2023    |

City  
OGDENState  
UTZip Code  
84201-1000Purpose of Disbursement  
TAXES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3.60

Transaction ID : B46A8EE50E345494DAA5

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INTERNAL REVENUE SERVICE - OGDEN**

Mailing Address 1973 N RULON WHITE BLVD

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 28  | 2023    |

City  
OGDENState  
UTZip Code  
84201-1000Purpose of Disbursement  
TAXES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

15572.20

Transaction ID : B615C7978750E48B3B86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTERNAL REVENUE SERVICE - OGDEN**

Mailing Address 1973 N RULON WHITE BLVD

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 31  | 2023    |

City  
OGDENState  
UTZip Code  
84201-1000Purpose of Disbursement  
TAXES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3.60

Transaction ID : B07EA321A8D454A54825

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15579.40

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. INTERNAL REVENUE SERVICE - OGDEN**

Mailing Address 1973 N RULON WHITE BLVD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2023    |

City  
OGDENState  
UTZip Code  
84201-1000

FEC Identification Number

C

Purpose of Disbursement  
TAXES

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

91.80

Transaction ID : B1CE7A89944E1446AB55

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. MARSHALL, SAMANTHA, , ,**

Mailing Address 847 15TH AVE E

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 01  |   | 2023    |

City  
JEROMEState  
IDZip Code  
83338-2145

FEC Identification Number

C

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

20.00

Transaction ID : B96C15B39DD2C4218AAA

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. MARSHALL, SAMANTHA, , ,**

Mailing Address 847 15TH AVE E

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 01  |   | 2023    |

City  
JEROMEState  
IDZip Code  
83338-2145

FEC Identification Number

C

Purpose of Disbursement  
SEE MEMO

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

364.16

Transaction ID : BA1A24B72033C4C2E994

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

475.96

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. COSTCO - BOISE**

Mailing Address 2051 S COLE RD

City  
BOISEState  
IDZip Code  
83709-2815Purpose of Disbursement  
EVENT SUPPLIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 01  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

330.32

Transaction ID : B077CBBDD4F6D74720BA8

☒ Memo Item**B. NAVIGATOR WEST LLC**Mailing Address 2775 W NAVIGATOR DR  
STE 110City  
MERIDIANState  
IDZip Code  
83642-7652Purpose of Disbursement  
OFFICE RENT

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 11  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

375.00

Transaction ID : B6A458C34D5D641B19CE

☐ Memo Item**C. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE

City  
ATHENSState  
GAZip Code  
30606Purpose of Disbursement  
COMPLIANCE CONSULTINGCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 14  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

5453.49

Transaction ID : B135A2515098C49E48F4

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5828.49

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. RIGHT IMPACT, LLC**

Mailing Address PO BOX 421

City  
BOISEState  
IDZip Code  
83701-0421Purpose of Disbursement  
CAMPAIGN STRATEGY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 11  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : BD3FDDA4BE0BD4F9F938

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SENATE RESTAURANT - WASHINGTON**

Mailing Address 1ST &amp; C STS NE # C

City  
WASHINGTONState  
DCZip Code  
20510-0001Purpose of Disbursement  
MEETING EXPENSECategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 10  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

138.00

Transaction ID : B3265B57CA0C94A2AB81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SENATE RESTAURANT - WASHINGTON**

Mailing Address 1ST &amp; C STS NE # C

City  
WASHINGTONState  
DCZip Code  
20510-0001Purpose of Disbursement  
MEETING EXPENSECategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 06  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

82.80

Transaction ID : B366712822A684F71812

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10220.80

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. SENATE RESTAURANT - WASHINGTON**

Mailing Address 1ST &amp; C STS NE # C

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 08  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20510-0001Purpose of Disbursement  
MEETING EXPENSE

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

110.40

Transaction ID : B3807E37268EC49B4AA1

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. SENATE RESTAURANT - WASHINGTON**

Mailing Address 1ST &amp; C STS NE # C

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 27  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20510-0001Purpose of Disbursement  
MEETING EXPENSE

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

51.00

Transaction ID : BCC0AEDCED94F45BE8A2

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. SMITH, JULIANN, , ,**

Mailing Address 1665 CLUB LANE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 30  |   | 2023    |

City  
HAYDENState  
IDZip Code  
83835-9536Purpose of Disbursement  
REIMBURSE EVENT TICKETS-NO ITEMIZATION NECESSARY

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

350.00

Transaction ID : BE3D439A1D68441C0917

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

511.40

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

A. SMITH, JULIANN, , ,

Mailing Address 1665 CLUB LANE

City  
HAYDENState  
IDZip Code  
83835-9536Purpose of Disbursement  
REIMBURSE EVENT TICKETS-NO ITEMIZATION NECESSARY

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 02  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

265.00

Transaction ID : B7CD7490489AB49F2961

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SNODDERLY, TONY, R, ,

Mailing Address 3724 17TH STREET B

City  
LEWISTONState  
IDZip Code  
83501-5986Purpose of Disbursement  
SEE MEMOCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 27  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : B6E4A09FC66C446FC86E

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HELLS CANYON GRAND HOTEL

Mailing Address 621 21ST ST

City  
LEWISTONState  
IDZip Code  
83501-3285Purpose of Disbursement  
MEETING ROOM RENTAL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 27  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : B4B30F9E1C2AE49849C2

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

315.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. SPARKLIGHT**

Mailing Address 1525 SHERRY AVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 13  |   | 2023    |

City  
IDAHO FALLSState  
IDZip Code  
83401-4849Purpose of Disbursement  
INTERNET

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

364.75

Transaction ID : B4E62B0122A184F4B8B0

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STATE OF IDAHO DEPARTMENT OF LABOR - BOISE**

Mailing Address 317 MAIN ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 18  |   | 2023    |

City  
BOISEState  
IDZip Code  
83735-0001Purpose of Disbursement  
TAXES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

86.00

Transaction ID : B03724A3BE06343D1B37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STATE OF IDAHO DEPARTMENT OF LABOR - BOISE**

Mailing Address 317 MAIN ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 28  |   | 2023    |

City  
BOISEState  
IDZip Code  
83735-0001Purpose of Disbursement  
TAXES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

166.00

Transaction ID : BEFB7FD6A30AF4E60A13

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

616.75

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. THE CHARLES GROUP**Mailing Address 2907 BUTTERFIELD RD  
STE 150City  
OAK BROOKState  
ILZip Code  
60523-8002Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 11  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

8828.77

Transaction ID : B249391EA55F34E0D9E9

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE CHARLES GROUP**Mailing Address 2907 BUTTERFIELD RD  
STE 150City  
OAK BROOKState  
ILZip Code  
60523-8002Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 01  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

5173.89

Transaction ID : B23C340D3252746AFBA1

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE KEEPER OF THE STATIONERY**

Mailing Address 239 DIRKSEN

City  
WASHINGTONState  
DCZip Code  
20510-0001Purpose of Disbursement  
FLAGS

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 19  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

997.00

Transaction ID : BB448BA8F6FF448D6862

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14999.66

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. TWIN FALLS REPUBLICAN PARTY**

Mailing Address 1292 ADDISON AVE E

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 01  |   | 2023    |

City  
TWIN FALLSState  
IDZip Code  
83301-5225Purpose of Disbursement  
EVENT TICKET

001

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : B535920F9388145A1998

☐ Memo Item

Candidate Name

TWIN FALLS REPUBLICAN PARTY

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. UNISOURCE DIRECT, LLC**

Mailing Address PO BOX 772472

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 11  |   | 2023    |

City  
DETROITState  
MIZip Code  
48277-2472Purpose of Disbursement  
DIRECT MAIL PRODUCTION

001

FEC Identification Number

C

Amount of Each Disbursement this Period

14791.74

Transaction ID : BAF98E7AB6EFE4EB6886

☐ Memo Item

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. VERIZON**

Mailing Address PO BOX 660720

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 20  |   | 2023    |

City  
DALLASState  
TXZip Code  
75266-0720Purpose of Disbursement  
TELEPHONE/INTERNET

001

FEC Identification Number

C

Amount of Each Disbursement this Period

349.14

Transaction ID : B06C03AAAC7F34515991

☐ Memo Item

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

15890.88

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. WALTON, CHARLES, , ,**Mailing Address 611 PENNSYLVANIA AVE SE  
# 362City  
WASHINGTONState  
DCZip Code  
20003-4303Purpose of Disbursement  
RESIDENTIAL SECURITY EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 07  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

4950.00

Transaction ID : BB4ED08AE8DF7405CBB8

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WALTON, CHARLES, , ,**Mailing Address 611 PENNSYLVANIA AVE SE  
# 362City  
WASHINGTONState  
DCZip Code  
20003-4303Purpose of Disbursement  
RESIDENTIAL SECURITY EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 07  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

4750.00

Transaction ID : BFB1519BCBAA64398AAA

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WALTON, CHARLES, , ,**Mailing Address 611 PENNSYLVANIA AVE SE  
# 362City  
WASHINGTONState  
DCZip Code  
20003-4303Purpose of Disbursement  
RESIDENTIAL SECURITY EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 02  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

4700.00

Transaction ID : BF780A8C4E8444A19B9

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14400.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

A. WALTON, CHARLES, , ,

Mailing Address 611 PENNSYLVANIA AVE SE  
# 362City  
WASHINGTONState  
DCZip Code  
20003-4303Purpose of Disbursement  
RESIDENTIAL SECURITY EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

4575.00

Transaction ID : B4FAD237B93A54132957

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALTON, CHARLES, , ,

Mailing Address 611 PENNSYLVANIA AVE SE  
# 362City  
WASHINGTONState  
DCZip Code  
20003-4303Purpose of Disbursement  
RESIDENTIAL SECURITY EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3686.27

Transaction ID : B7ECDA30602DF4C35AFC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WALTON, CHARLES, , ,

Mailing Address 611 PENNSYLVANIA AVE SE  
# 362City  
WASHINGTONState  
DCZip Code  
20003-4303Purpose of Disbursement  
RESIDENTIAL SECURITY EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

8854.87

Transaction ID : BB917100F89B349E6B16

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

17116.14

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. WALTON, CHARLES, , ,**Mailing Address 611 PENNSYLVANIA AVE SE  
# 362City  
WASHINGTONState  
DCZip Code  
20003-4303Purpose of Disbursement  
RESIDENTIAL SECURITY EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

8854.87

Transaction ID : BC8D1D0409E8E4B7DA3C

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WHEELER, SUSAN, , ,**

Mailing Address 1200 N GARFIELD ST, APT 1207

City  
ARLINGTONState  
VAZip Code  
22201-6830Purpose of Disbursement  
SEE MEMO

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3419.02

Transaction ID : BF037C69A4F3F46809CE

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. VERIZON**

Mailing Address PO BOX 660720

City  
DALLASState  
TXZip Code  
75266-0720Purpose of Disbursement  
TELEPHONE/INTERNET

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

167.02

Transaction ID : BF8BF3C39AA9546648AE

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12273.89

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1600 AVIATION BLVD

City  
ATLANTAState  
GAZip Code  
30320Purpose of Disbursement  
AIRFARE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3102.00

Transaction ID : BA819C23FBC9F497D9B6

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. LYON PLACE**

Mailing Address 1200 N GARFIELD ST

City  
ARLINGTONState  
VAZip Code  
22201-6816Purpose of Disbursement  
STORAGE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : B663F638F8FE14AFB828

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. WHEELER, SUSAN, , ,**

Mailing Address 1200 N GARFIELD ST, APT 1207

City  
ARLINGTONState  
VAZip Code  
22201-6830Purpose of Disbursement  
SEE MEMO

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1440.49

Transaction ID : BAC22D64B7B38472AB5A

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1440.49

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. LYON PLACE**

Mailing Address 1200 N GARFIELD ST

City  
ARLINGTONState  
VAZip Code  
22201-6816Purpose of Disbursement  
STORAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 02  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

75.00

Transaction ID : BAFFF4EC472244ABEA7D

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. REAGAN NATIONAL AIRPORT**

Mailing Address 1 AVIATION CIR

City  
WASHINGTONState  
DCZip Code  
20001-6000Purpose of Disbursement  
PARKING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 02  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

232.00

Transaction ID : B62A0E0010CFB46CBB27

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address 1600 AVIATION BLVD

City  
ATLANTAState  
GAZip Code  
30320Purpose of Disbursement  
AIRFARE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 02  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

755.40

Transaction ID : B963B81D7C1EB4993AEF

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. VERIZON**

Mailing Address PO BOX 660720

City  
DALLASState  
TXZip Code  
75266-0720Purpose of Disbursement  
TELEPHONE/INTERNET

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

83.57

Transaction ID : B9B5738CAC07A42B3BCC

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 2654 N US HIGHWAY 169

City  
COFFEYVILLEState  
KSZip Code  
67337-9254Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

39.68

Transaction ID : B5CD6790A95CF4279892

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HAMPTON INN**Mailing Address 7930 JONES BRANCH DR  
STE 1100City  
MCLEANState  
VAZip Code  
22102-3313Purpose of Disbursement  
LODGING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

201.71

Transaction ID : B533329B2E8BB46FA89F

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 98

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                           | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 10  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Amount of Each Disbursement this Period

|       |
|-------|
| 15.74 |
|-------|

Transaction ID : B4044E00762DF4524B7F

☐ Memo ItemCandidate Name  
WINRED

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 15  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Amount of Each Disbursement this Period

|      |
|------|
| 9.94 |
|------|

Transaction ID : B353FF76D876B4C68B94

☐ Memo ItemCandidate Name  
WINRED

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 22  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Amount of Each Disbursement this Period

|       |
|-------|
| 13.27 |
|-------|

Transaction ID : BCFF2AFD45DD8408BA4A

☐ Memo ItemCandidate Name  
WINRED

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

|       |
|-------|
| 38.95 |
|-------|

**TOTAL** This Period (last page this line number only).....▶

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 29  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Amount of Each Disbursement this Period

|      |
|------|
| 8.92 |
|------|

Transaction ID : B0FACAA9762474D1FB51

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 06  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Amount of Each Disbursement this Period

|      |
|------|
| 6.83 |
|------|

Transaction ID : B4EF2F3A032ED4C9BBE7

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 06  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CC TRANSACTION FEES

001

Category/  
Type

Amount of Each Disbursement this Period

|       |
|-------|
| 13.45 |
|-------|

Transaction ID : BCEA09C51EFC5409DBC7

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

29.20

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 13  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891Purpose of Disbursement  
CC TRANSACTION FEES

001

FEC Identification Number

C C00694323

Candidate Name  
WINREDCategory/  
Type

Amount of Each Disbursement this Period

5.02

Transaction ID : BA3B58CC2F1934F62829

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 20  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891Purpose of Disbursement  
CC TRANSACTION FEES

001

FEC Identification Number

C C00694323

Candidate Name  
WINREDCategory/  
Type

Amount of Each Disbursement this Period

35.78

Transaction ID : B2593AA0074624536806

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 27  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891Purpose of Disbursement  
CC TRANSACTION FEES

001

FEC Identification Number

C C00694323

Candidate Name  
WINREDCategory/  
Type

Amount of Each Disbursement this Period

11.28

Transaction ID : B0A1627BE51894575A5D

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

52.08

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 06  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C C00694323

Purpose of Disbursement  
CC TRANSACTION FEES

001

Amount of Each Disbursement this Period

20.73

Transaction ID : B7D4179832C59437380A

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 13  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C C00694323

Purpose of Disbursement  
CC TRANSACTION FEES

001

Amount of Each Disbursement this Period

5.71

Transaction ID : BC8505C6FAF5D49AE97F

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 27  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C C00694323

Purpose of Disbursement  
CC TRANSACTION FEES

001

Amount of Each Disbursement this Period

4.94

Transaction ID : B65FAB88D037B4D9FA9B

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

31.38

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 98

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891Purpose of Disbursement  
CC TRANSACTION FEES

001

Candidate Name  
WINREDCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2023    |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

49.32

Transaction ID : BE9E8C612237444CFAAE

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ZENITH TAX & ACCOUNTING**

Mailing Address PO BOX 9026

City  
BOISEState  
IDZip Code  
83707-3026Purpose of Disbursement  
ACCOUNTING

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 13  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : B8BB7417A0D894722B62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ZIONS CHECKING ACCT - BOISE**

Mailing Address 890 W MAIN ST

City  
BOISEState  
IDZip Code  
83702-5899Purpose of Disbursement  
BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 21  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

126.59

Transaction ID : BB7172C6CD07D417CAC8

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

600.91

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 98

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. ZIONS CHECKING ACCT - BOISE**

Mailing Address 890 W MAIN ST

City  
BOISEState  
IDZip Code  
83702-5899Purpose of Disbursement  
BANK FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 27  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

145.63

Transaction ID : BE551E77A99424FE6843

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ZIONS CHECKING ACCT - BOISE**

Mailing Address 890 W MAIN ST

City  
BOISEState  
IDZip Code  
83702-5899Purpose of Disbursement  
BANK FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 16  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

120.66

Transaction ID : BE16ACEA492A940D3944

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

266.29

**TOTAL** This Period (last page this line number only).....▶

322654.59

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 98

|                                         |                              |                              |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. POPOLO, JOSEPH, V., , JR.**

Mailing Address 9002 DOUGLAS AVENUE

City  
DALLASState  
TXZip Code  
75225-3009Purpose of Disbursement  
REFUND

010

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1848.68

Transaction ID : BCFFCAB11501A42D4A8C

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1848.68

**TOTAL** This Period (last page this line number only).....▶

1848.68

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 OF 98

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE CRAPO FOR U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. IDAHO YOUNG REPUBLICANS**

Mailing Address PO BOX 1841

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 30  |   | 2023    |

City  
BOISEState  
IDZip Code  
83701-1841

FEC Identification Number

C

Purpose of Disbursement  
CONTRIBUTION(STATE/LOCAL COMMITTEE)

011

Candidate Name

IDAHO YOUNG REPUBLICANS

Category/  
Type

Amount of Each Disbursement this Period

1250.00

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2028

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

Transaction ID : BBADAF6C339134DA1A7F

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

☐ Memo Item

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

1250.00

**TOTAL** This Period (last page this line number only).....▶

1250.00