

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

(f) In addition, this committee is a Lobbyist/Registrant PAC.
 This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 In addition, this committee is a Lobbyist/Registrant PAC.
 In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. MIKE CRAPO FOR US SENATE

FEC ID number

C C00330886**2. JIM RISCH FOR U S SENATE COMMITTEE**

FEC ID number

C C00440362**3.**

FEC ID number

C **4.**

FEC ID number

C

Write or Type Committee Name

Gem State Victory Fund**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****NONE**

Mailing Address

CITY▲**STATE▲****ZIP CODE ▲**

Relationship:

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name

Mailing Address

CITY▲**STATE▲****ZIP CODE ▲**

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer**Paul Kilgore**

Mailing Address

264 N. Lumpkin St #202**Athens****GA****30601**

Title or Position ▼

CITY▲**STATE▲****ZIP CODE ▲****Treasurer**

Telephone number

706**534****7780**

Full Name of
Designated
Agent _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number _____ - _____ - _____

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

Name of Bank, Depository, etc.

Suntrust Bank

Mailing Address

PO Box 4418

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Atlanta

GA

30302

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲