

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2013 OCT 17 AM 9:30  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FEC MAIL CENTER

RINGO FOR CONGRESS - IDAHO DISTRICT 1

ADDRESS (number and street)

1021 HERRINGTON ROAD

(Check if address  
is changed)

MOSCOW

ID

83843

8119

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

ringoshirl@moscow.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

shirleyringo.com

2. DATE

10 01 2013

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

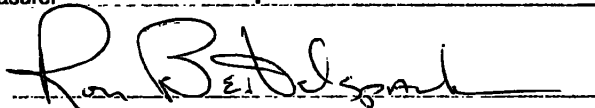
AMENDED (A)

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

Type or Print Name of Treasurer

Ron Beitelspacher

Signature of Treasurer



Date

10 01 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

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

FEC FORM 1  
(Revised 02/2009)

13031124118

5. TYPE OF COMMITTEE

**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 **Shirley G. Ringo**

Candidate Party Affiliation **DEM** Office Sought:  House  Senate  President State **ID** District **01**

- (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

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  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. \_\_\_\_\_ FEC ID number **C**
2. \_\_\_\_\_ FEC ID number **C**
3. \_\_\_\_\_ FEC ID number **C**
4. \_\_\_\_\_ FEC ID number **C**

13031124119

Write or Type Committee Name

RINGO FOR CONGRESS - IDAHO DISTRICT 1

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

JILL ELLSWORTH

Mailing Address

4800 WEST WILLOW LANE

BOISE

ID

83703

4352

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

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

RON BEITELSPACHER

Mailing Address

86 WHITE TAIL ACRES LANE

GRANGEVILLE

ID

83530

5089

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

208

983

2535

13031124120

Full Name of Designated Agent

WILL ELLSWORTH

Mailing Address

4800 WEST WILLOW LANE

BOISE

CITY

ID

STATE

83703-4352

ZIP CODE

Title or Position

ASSISTANT TREASURER

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.

US BANK

Mailing Address

301 SOUTH MAIN

MOSCOW

CITY

ID

STATE

83843-2913

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031124121

Pull To Open

**EXTREMELY URGENT**

Please Rush To Addressee

RECEIVED  
OCT 17 4 9:30  
MAIL CENTER

13031124122

Schedule package pickup right from your home or office at [usps.com/pickup](http://usps.com/pickup)

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U.S. POSTAGE  
PAID  
MOSCOW, ID  
83843  
OCT 01 2008  
AMOUNT

**\$19.95**  
0015-68-98

1007

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MAIL CENTER



UNITED STATES POSTAL SERVICE

**Flat Rate Mailing Envelope**  
For Domestic and International Use



When used internationally affix customs declarations (PS Form 2976, or 2976A).



EI 548713024 US



Mailing Label  
Label 142, March 2004

UNITED STATES POSTAL SERVICE

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		Day of Delivery		Postage	
PO ZIP Code	Day of Delivery	<input checked="" type="checkbox"/> 1st Day	<input type="checkbox"/> 2nd Day	Scheduled Date of Delivery	Return Receipt Fee
83843	10/13	<input checked="" type="checkbox"/> 1st Day	<input type="checkbox"/> 2nd Day	10/22	19.95
Time Accepted	Month	<input checked="" type="checkbox"/> Noon	<input type="checkbox"/> 3 PM	Scheduled Time of Delivery	ODD Fee
12:13 PM	10	<input type="checkbox"/> 1st Day	<input type="checkbox"/> 2nd Day	12:13 PM	\$
Flat Rate <sup>SM</sup> or Weight	Military	<input type="checkbox"/> 1st Day	<input type="checkbox"/> 2nd Day	Total Postage & Fees	Insurance Fee
Flat Rate	<input type="checkbox"/> Military	Int'l Alpha Country Code	Acceptance Emp. Initials	19.95	\$
			MJ		

FROM: PLEASE PRINT PHONE 208-301-2272

Shirley G. Ringo  
1021 Harrington Rd  
Moscow, ID 83843

FOR PICKUP OR TRACKING

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Call 1-800-222-1811



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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

13031124123

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked <i>10/01/2013</i>
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JB</i>	<i>10/18/2013</i>
PREPARER	DATE PREPARED