FEC FORM 1		STATE			2011 (RECE DCT II	EIVED Am 8: 41 Center	٦ 6
1. NAME OF COMMITTEE (ir	n fu ll)	(Check if nar is changed)		mple:If typing, type the lines.	12FE4	. Ny solatanjy somety a		
	OR CO	NGRESS	<u>1. I. I. I.</u>	<u></u>	1			
ADDRESS (number a	ind street)	1509 TYR SUITE 130		NE		_ 	1_1_1_1_1	
(Check if a is changed)		BOISE		<u> </u>	IP j	183	706 -	
			CITY		STATE	* i	ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRES	S (Please provide only	-	~ ' ·				
COMMITTEE'S WEE	ed)			 Book and a start star Start start s	1 1 1 1 4 • .: 8 • • • • • • .: 9 • • • • • .: 9 • • • •	men Genn von e		
Check if is change	address d)		18 1 1 1 1		۱ ملی ار ار می مرکز میں ملی ار میں			
2 DATE, 10	<u>)</u> (4	* / 2011/	:.·	100 - 2 		,	94 ×	
3. FEC IDENTIFI	CATION NU	IMBER	C					., .,
4. IS THIS STATE		NEW (N)	OR [AMENDED (A)				
I certify that I have	examined th	is Statement and to th	ne best of my	knowledge and belief	it is true, co	rrect and o	complete.	
Type or Print Name		SUSAN S	SEAST	LAKE				
Signature of Treasur		husar B.	Rast	lake	Date	10 ℃ ′	<u>04</u> ° ′ 2	011
NOTE: Submission of		ous, of incompletermion ANY CHANGE IN INFO		•			enalties of 2 U	.S.C. §437g.
Office Use Only	4. 1	·		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100			FEC FORI	
Fills Noreensel al y	n viz nite	STRE SL 7		β)γahoo.co			· ·	

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5.	TYPE OF COMMITTEE							
	Candidate Committee:							
	(a)	\mathbf{X}	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 Candi							
	Candi Party	idate Affiliatio	on DEM Office Sought: House Senate President District					
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Part	y Com	mittee:					
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.					
	Polit	tical A	ction Committee (PAC):					
	(e)	\Box	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
		_	Corporation Corporation w/o Capital Stock					
			Membership Organization Trade Association Cooperative					
		—	in addition, this committee is a Lobbyist/Registrant PAC.					
	(f)	Ц	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 Lebbyist/Registrant PAC.							
			In addition, this committee is a Landership PAC. (Identify aponsor on line 6.)					
	Join	t Fund	raising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, al 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.					
		Com	mittees Participating in Joint Fundraiser					
			┃					
		1.						
		2.						
		3.	FEC ID number					
		4.						

FEC Form 1 (Revised 0)2/2009)		Page 3
Write or Type Committee Name			
FARRIS FOR C	ONGRESS		
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising F	lepresentative, or Leader	ship PAC Sponsor
Mailing Address			
		, ,	-
	CITY	STATE	
Relationship: Connected	I Organization Affiliated Committee Joint Fundrals	sing Representative	eadership PAC Sponsor
books and records.	itify by name, address (phone number optional) and p	osition of the person in pa	ossession of committee
Mailing Address			
	SUJTE 130		· · · · · · · · ·
		ID 837	<u></u> 26
Title or Position	CITY	STATE	ZIP CODE
	Telephone	number [208] - [3	383,[9088,]
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of assistant treasurer).	the committee; and the n	ame and address of
Full Name SUSA of Treasurer	N S EASTLAKE		
Mailing Address			
	SUITE 130		
		10 I 18370	06, -
	CITY	STATE	ZIP CODE

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Title or Position 208 _ 383 _ 9088 _ Telephone number

FEC Form 1 (He		
	evised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address	L	
Title or Position		
	Telephone number	
ו ח.		
Mailing Address	_ ΕVΑΝ\$ ΒΑΝΚ 213 9 ΤΗ STREET	
	213 9 TH STREET	1 183702 1 1 1
	213 9 TH STREET	
	1213 9 TH STREET BOISE IBOISE CITY	
Mailing Address	1213 9 TH STREET BOISE IBOISE CITY	
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Federal Election ENVELOPE REPLACEMENT PAGE The FEC added this page to the end of this	FOR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 10/9/11
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or	Signature Confirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registr	Date of Receipt ration Office
Received from Senate Public Records O	Date of Receipt ffice
Received from Electronic Filing Office	Date of Receipt
	Date of Receipt or Postmarked
Other (Specify):	
4mw	10/11/4
PREPARER	DATE PREPARED
PREPARER (3/2005)	DATE PREPAREI