FEC FORM 1	STATEMEN ORGANIZ	RECEIVED 2014 APR 18 AM 11: 49 come us Add CENTER	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	12FE4M5	
The Committe	ee to Elect Robert	J. Sutherland	
ADDRESS (number and str	P.O. Box 1945	5 	<u></u>
(Check if addres is changed)	s Granite Falls		WA 98252
		СІТҮ	STATE ZIP CODE
COMMITTEE'S WEB PAG (Check if addre COMMITTEE'S WEB PAG (Check if addre is changed)	E ADDRESS (URL)	rlandusa.com .	
3. FEC IDENTIFICATIO		an an <u>an ann an Ann an Ann an A</u> nn an Ann an A	
4. IS THIS STATEMENT	- NEW (N) OR	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Tre	asurer Donna M. Su	therland	
Signature of Treasurer	Porra M du	therland	_{Date} 04 [™] ′ 10 [°] ′ 20'14 ′
NOTE: Submission of false,		may subject the person signing the DN SHOULD BE REPORTED WI	his Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.

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1	Office Use Only				For further Information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)
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FEC Form 1 (Revised 02/2009)

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5.	TYPE	E OF C	OMMITTEE
	Can	didate	Committee:
	(a)	\boxtimes	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	_	Robert J. Sutherland
			State WA
	Candi Party	idate Affiliatio	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi	-	
	Part	y Com	mittee:
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(8)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	(0)		
			Corporation Corporation w/o Capital Stock
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registraot PAC.
	(f)		This committee supports/opposas 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	Fund	raising 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 fiteloral candidato.
	(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.	
		4.	FEC ID number C

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

The Committee to Elect Robert J. Sutherland

6.	Name of Any Connected C	Irganization, Affiliated Committee, Joi	int Fundraising Repre	sentative, or Lea	Idership PAC Sponsor
L					
L					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: Connected	I Organization Affiliated Committee	Joint Fundraising F	Representative	Leadership PAC Sponsor
7.	books and records.	tify by name, address (phone number -	- optional) and position	n of the person i	n possession of committee
		M. Sutherland			
	Mailing Address	P.O. Box 1945			
				<u></u>	
		Granite Falls	<u></u>	98 AW	3252
	Title or Position	CITY	\$	STATE	ZIP CODE
			Telephone numb	er [425]	- [512] - [7870]]
8.	Treasurer: List the name and any designated agent (e.g., a	i address (phone number optional) o issistant treasurer).	f the treasurer of the c	committee; and th	e name and address of
		M Sutherland			

	Full Name of Treasurer	Donna	M, Su	ther	anc	1 								1			1	1_1	1	_1_		1			J
	Mailing Address	L	P.O. Bo	2x 19	45			1_1		1	Ļ				<u>i i</u>			1_1		_L		<u> </u>	LL	1	J
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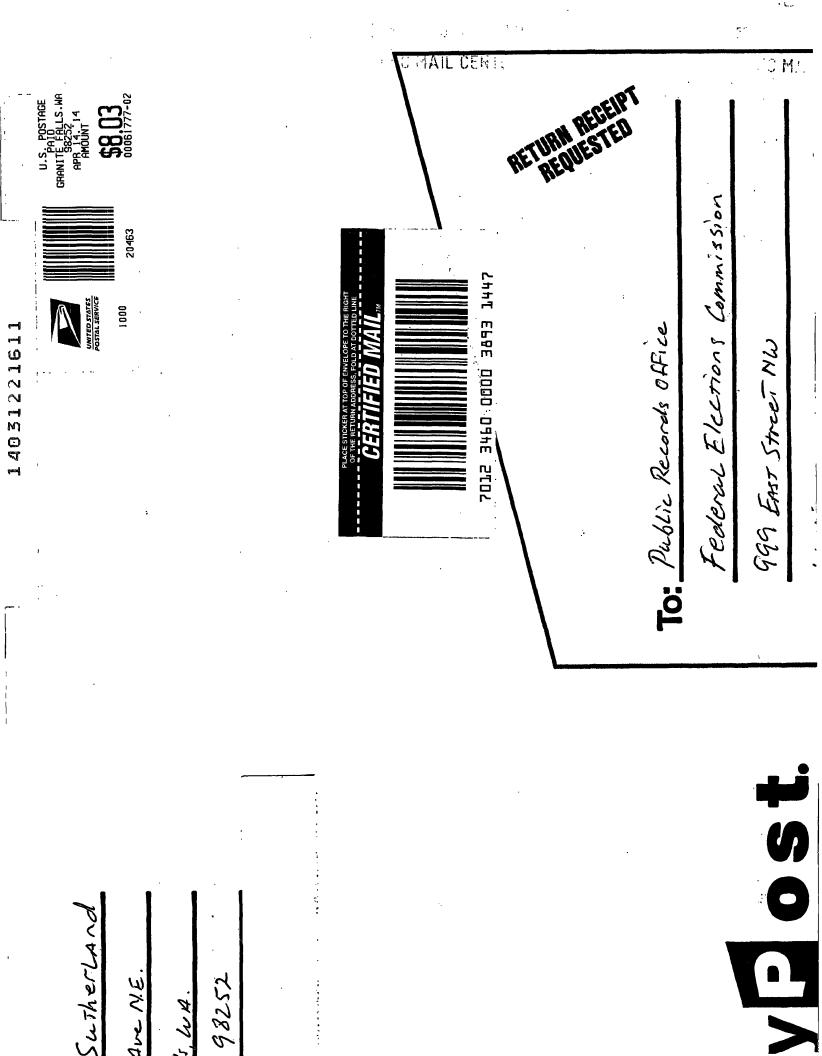
9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

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	•	CITY															5	STA	ΤE			ZIP CODE									
Name of Bank, D	epository, e	etc.			<u></u>																										-
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