Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) over the lines. is changed) The Committee to Elect Robert J. Sutherland PO Box 1945 ADDRESS (number and street) (Check if address is changed) Granite Falls 98252 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS robert@sutherlandusa.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.SutherlandUSA.com (Check if address is changed) DATE 2016 C00561878 FEC IDENTIFICATION NUMBER > 3. X 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. Tom Perry Type or Print Name of Treasurer Tom Perry [Electronically Filed] 07 2016 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF	COMMITTEE	
Candidat	te Committee:	
(a) 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. (Com information below.)	plete the candidate
Name of Candidate	Robert J. Sutherland	
Candidate	office REP Sought: X House Senate Precident	State
Party Affilia	on REP Sought: X House Senate President	District 01
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Cor	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name	age <b>y</b>
The Committee to Elect Robert J. Sutherland	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA	AC Sponsor
NONE	•
Mailing Address	
CITY STATE ZIP C	ODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadersh	ip PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possessic books and records.	on of committee
Tom Perry Full Name	1
3718 19th Avenue Ct SE  Mailing Address	
Puyallup WA 98372	-  , , ,
Title or Position CITY STATE ZIP C	ODE
	-
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name an any designated agent (e.g., assistant treasurer).	d address of
Full Name Tom Perry  of Treasurer	<b>.</b> .
Mailing Address 2718 19th Avenue Ct SE	
Puyallup WA 98372	
CITY STATE ZIP C	ODE

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
		one number	
safety deposit boxes or Name of Bank, Deposit			
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.	Committee deposits funds, r	
safety deposit boxes or Name of Bank, Deposit	r maintains funds.  tory, etc.  Ils Fargo  1901 Main St		
safety deposit boxes or Name of Bank, Deposit	r maintains funds.  tory, etc.  PIIS Fargo  1901 Main St  Lake Stevens  CITY	WA 9825	58
safety deposit boxes or Name of Bank, Deposit  We  Mailing Address	r maintains funds.  tory, etc.  PIIS Fargo  1901 Main St  Lake Stevens  CITY	WA 9825	58
safety deposit boxes or Name of Bank, Deposit  We  Mailing Address  Name of Bank, Deposit	r maintains funds.  tory, etc.  PIIS Fargo  1901 Main St  Lake Stevens  CITY  tory, etc.	WA 9825	58
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safety deposit boxes or Name of Bank, Deposit  We  Mailing Address  Name of Bank, Deposit	r maintains funds.  tory, etc.  PIIS Fargo  1901 Main St  Lake Stevens  CITY  tory, etc.	WA 9825	58