

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

Grant for Congress

ADDRESS (number and street)

P O BOX 489

☐(Check if address
is changed)

FRUITLAND

ID

83619

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

sseast@mindspring.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.grantforcongress.com

COMMITTEE'S FAX NUMBER

2083830108

2. DATE

M M
0 6/ D D
2 8/ Y Y Y Y
2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00414987

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

Susan S. Eastlake

Signature of Treasurer

Electronically Filed by Susan S. Eastlake

Date

M M
0 6/ D D
2 8/ Y Y Y Y
2 0 0 7

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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

LARRY L GRANT

Candidate
Party Affiliation

DEM

Office
Sought:☒

House

☐

Senate

☐

President

State

ID

District

1

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

Name of
Candidate

- (d) ☐ This committee is a (National, State
(or subordinate) committee of the (Democratic,
Republican, etc.) Party.
- (e) ☐ This committee is a separate segregated fund
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

Grant for Congress

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 **SUSAN S EASTLAKE**

Mailing Address **1509 TYRELL LANE**

SUITE E

BOISE **ID** **83706** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

TREASURER **208** **383** **9088**

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 **SUSAN S EASTLAKE**

Mailing Address **1509 TYRELL LANE**

SUITE E

BOISE **ID** **83706** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

TREASURER **208** **383** **9088**

Telephone number - -

Full Name of Designated Agent **JOHN J MEDLIN**

Mailing Address **1509 TYRELL LANE**

SUITE E

BOISE **ID** **83706** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

ASST TREASURER **208** **383** **9088**

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.

D L EVANS BANK

Mailing Address

1600 S VISTA AVENUE

BOISE

ID

83705

CITY ▲

STATE ▲

ZIP CODE ▲