

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
15 OCT 19 AM 10:19
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

JERRY STURGILL FOR IDAHO

ADDRESS (number and street) P O Box 7127

(Check if address is changed)

Boise CITY ID STATE 83707 ZIP CODE

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

(Check if address is changed)

info@sturgill4senate.com; sseast1@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://sturgill4senate.com/

2. DATE

10/01/2016

3. FEC IDENTIFICATION NUMBER

C C00612481

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 Eastlake, Susan, , ,

Signature of Treasurer

Susan J Eastlake

Date 10-1-2016

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)

201610210200511784

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 Sturgill, Stephen, J, ,

Candidate Party Affiliation Office Sought House Senate President State District

- (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 | <input type="text" value="C"/> | <input type="text"/> |
| 2. _____ | FEC ID Number | <input type="text" value="C"/> | <input type="text"/> |
| 3. _____ | FEC ID Number | <input type="text" value="C"/> | <input type="text"/> |
| 4. _____ | FEC ID Number | <input type="text" value="C"/> | <input type="text"/> |

201610210200511785

Write or Type Committee Name
JERRY STURGILL FOR IDAHO

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
Inspire Idaho

Mailing Address P O Box 417

Boise

CITY

ID

STATE

83701

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 Eastlake, Susan, , ,

Mailing Address 333 E Brookhollow Dr

Boise

CITY

ID

STATE

83706

ZIP CODE

Title or Position

Treasurer

Telephone Number

(208) 859-6663

8. Treasurer: List the name, 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 Eastlake, Susan, , ,

Mailing Address 333 E Brookhollow Dr

Boise

CITY

ID

STATE

83706

ZIP CODE

Title or Position

Treasurer

Telephone Number

(208) 859-6663

201610210200511786

Full Name of Designated Agent Eastlake, Susan, , ,

Mailing Address 333 E Brookhollow Dr

Boise ID 83706
CITY STATE ZIP CODE

Title or Position

Treasurer

Telephone Number (208) 859-6663

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.

DL Evans Bank

Mailing Address 890 W Main St

Boise ID 83702
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

201610210200511787

[ADDITIONAL]

Full Name of Designated Agent Ellsworth, Jill, , ,

Mailing Address P O Box 7127

Boise ID 83707
CITY STATE ZIP CODE

Title or Position
Asst. Treasurer Telephone Number (208) 345-0825

201610210200511788

201610210200511789

CERTIFIED MAIL



7016 0340 0000 2282 6546



Eastlake
Brookhollow Dr.
ID 83706-6730



04 10 2016
PITNEY BOWES
\$ 004.450
PAID FROM ZIP CONF 83706

**SCREENED
BY THE SENATE
POST OFFICE**

Office of Public Records
P O Box 77578
Washington, DC 20013-7578

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED 10/11/16
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

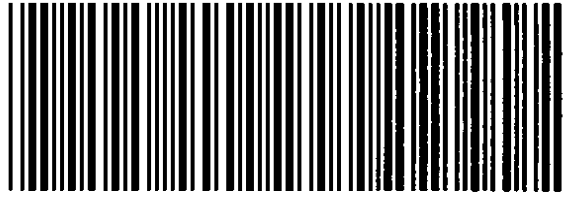
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

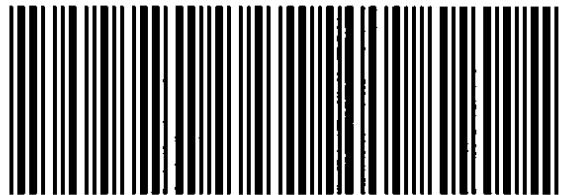
OTHER _____
Date of Receipt or Postmark

PREPARER DA DATE PREPARED 10-19-16

201610210200511790



SEN PATCH



SEN PATCH

201610210200511791