FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	200
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	Office use only 12FE4M5
Reed Elsevie	ınc. Political Act	ion Committee		
ADDRESS (number and	1150	18th St., NW, #6	600 	
(Check if add is changed)		hington		DC 20036 -
COMMITTEE'S E-MA	UI ADDDESS		CITY▲	STATE▲ ZIP CODE ▲
		m; becky.garcia	@reedelsevier.com; mwa	ırd@skadden.com
COMMITTEE'S WEE	PAGE ADDRESS (U	RL)		
<u> </u>		, , , , , , , , , , , , , , , , , , ,		
2. DATE M. 1.2	M / D D / Y			
3. FEC IDENTIFIC	ATION NUMBER		C C00345793	
4. IS THIS STATE	MENT X NEW	/ (N) OR	AMENDED (A)	
I certify that I have exam	nined this Statement and	to the best of my know	wledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer	Edward R. Coms	tock	
Signature of Treasure	r Electronically File	d by Edward R.	Comstock	Date 12 / 15 / YYYYY
NOTE: Submission of fa			subject the person signing this S	atement to the penalties of 2 U.S.C. S437g. O WITHIN 10 DAYS
Office Use Only			For further information Federal Election Communication Toll Free 800-424-953	ission FEC FORM 1

	FECForm 1 (Revised 02/2003)	Page 2					
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						
	Party Affiliation Sought: House Senate President	State					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		nocratic, ublican,etc.) Party.					
6.	Name of Any Connected Organization or Affiliated Committee						
L	Reed Elsevier Inc.						
L	1150 18th Street NW #600						
	Mailing Address						
	CITY▲ STATE ▲ ZI	P CODE A					
	Relationship Connected Org.						
	Type of Connected Organization:						
	X Corporation Corporation w/o Capital Stock Labor Organization	ı					
	Membership Organization Trade Association Cooperative						

FEC For	m 1 (Revised 02/2003)				P	age 3		
Write or Type Co	mmittee Name							
Reed Elsev	vier Inc. Political Ac	tion Committee						
	Records: Identify by of Committee books	ntify by name, address, (phone number optional), and position of the person in books and records.						
Full Name	Edward R. Co	d R. Comstock						
Mailing Addres	ss	2 Newton Place #350						
		Newton		<u>MA</u>	02458			
Title or Position	on 🔻	CITY 🛦	ST	ATE▲	ZIP CO	DE A		
	Treasurer		Telephone number	617	558	4991		
Full Name of Treasurer Mailing Addres		I R. Comstock 2 Newton Place #350						
		Newton		MA	02458 _			
Title or Position	on 🔻	CITY A	ST	ATE▲	ZIP CO	DE 🛦		
	Treasurer		Telephone number	617	558	4991		
Full Name of Designated Agent	_ Charles Fonta	iine						
Mailing Addre	ss	2 Newton Place #350						
		Newton		MA	02458 _			
Title or Position	on 🔻	CITY A	ST	ATE 🛦	ZIP COI	DE A		
	Asst. Treasurer		Talanhana	617	558	4918		
			Telephone number			·		

	FEC Form 1 (Revised	1 02/2003)	Page 4		
9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
	Citizo	ens Bank			
	Mailing Address	28 State Street, 13th Floor			
		Boston MA 02	109 _		

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷