

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Reis for Congress

ADDRESS (number and street)

PO Box 1333

Check if different than previously reported. (ACC)

North Kingstown

RI

02852

2. FEC IDENTIFICATION NUMBER ▼

C C00552554

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

RI

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

08 /

D D /

21 /

Y Y Y Y

2014

through

M M /

09 /

D D /

30 /

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rhue Reis

Signature of Treasurer Rhue Reis

[Electronically Filed]

Date

M M /

10 /

D D /

15 /

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Reis for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2920.00	15045.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2920.00	15045.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2980.28	13547.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2980.28	13547.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2697.02	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1200.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Reis for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2300.00	9615.00
(ii) Unitemized.....	620.00	5380.00
(iii) TOTAL of contributions from individuals ▶	2920.00	14995.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	50.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2920.00	15045.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1200.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1200.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2920.00	16245.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2980.28	13547.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2980.28	13547.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2757.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2920.00
25. SUBTOTAL (add Line 23 and Line 24).....	5677.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2980.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2697.02

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Reis for Congress

A. Full Name (Last, First, Middle Initial)
Robert Carlin

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period
 150.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Warren Galkin

Mailing Address 29 Sage Drive

City State Zip Code
 Warwick RI 02886

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Natco Product Vice Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.4344

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Ann Kilby

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period
 200.00

Check

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Reis for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Grant Lang

Mailing Address 50 N. Lake Shore Blvd.

City: Brookfield State: CT Zip Code: 06804

FEC ID number of contributing federal political committee: **C**

Name of Employer: Aardvark Roofing, Window & Sid Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 09 / 02 / 2014

Transaction ID : SA11AI.4355

Amount of Each Receipt this Period: 300.00

Check

B. Full Name (Last, First, Middle Initial)
Ray McKay

Mailing Address 19 Baker Creek Rd

City: Warwick State: RI Zip Code:

FEC ID number of contributing federal political committee: **C**

Name of Employer: City of Warwick Occupation: Tech Rep

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 09 / 26 / 2014

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period: 100.00

Check

C. Full Name (Last, First, Middle Initial)
Ms. Pamela C Moffatt-Limoges

Mailing Address 28 Beacon Dr.

City: North Kingstown State: RI Zip Code: 02852

FEC ID number of contributing federal political committee: **C**

Name of Employer: Roger Williams University Occupation: Associate Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 09 / 26 / 2014

Transaction ID : SA11AI.4372

Amount of Each Receipt this Period: 400.00

Check

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Reis for Congress

A. Full Name (Last, First, Middle Initial)
Russell Taub

Mailing Address 50 Adelphi Ave

City Providence State RI Zip Code 02906

FEC ID number of contributing federal political committee. **C**

Name of Employer Student - Johnson & Wales Univ Occupation Student

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11Al.4362

Amount of Each Receipt this Period
150.00

Check

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150.00

2300.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Reis for Congress

Full Name (Last, First, Middle Initial) A. Russell Taub		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 50 Adelphi Ave		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4380
City Providence State RI Zip Code 02906	Purpose of Disbursement Fundraising Phone Banking, Mailer, & Bruins Event 003 Category/Type	
Candidate Name Reis for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Russell Taub		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2014
Mailing Address 50 Adelphi Ave		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4376
City Providence State RI Zip Code 02906	Purpose of Disbursement Money Bomb, Fundraiser Mailer, Lawn sign design 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Russell Taub		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 50 Adelphi Ave		Amount of Each Disbursement this Period 530.28 Transaction ID : SB17.4377
City Providence State RI Zip Code 02906	Purpose of Disbursement Bruins Fundraiser - Catering 003 Category/Type	
Candidate Name Reis for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

SUBTOTAL of Disbursements This Page (optional).....	2230.28
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Reis for Congress

Full Name (Last, First, Middle Initial) A. Russell Taub		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 50 Adelphi Ave		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4378
City Providence State RI Zip Code 02906	Purpose of Disbursement Lawn Signs Category/Type 004	
Candidate Name Reis for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) B. Russell Taub		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 50 Adelphi Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4379
City Providence State RI Zip Code 02906	Purpose of Disbursement Fundraising Reception & Mailer Category/Type 003	
Candidate Name Reis for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: RI District: 02		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	2980.28

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Reis for Congress** Transaction ID : **SC/10.4123**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Rhue Reis** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
11 Congdon Hill Rd

City State ZIP Code
Saunderstown RI 02874

Original Amount of Loan 1200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1200.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 11 / D 16 / Y 2013
 Date Due: M / D / Y none
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 1200.00
TOTALS This Period (last page in this line only).....	▶	[] 1200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.