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SENDER
MARK A. MCGINNIS, ESQ.

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MMCGINNIS@ELECTIONLAWGROUP.COM

VIA FACSIMILE: (202) 219-0174 (6 PAGES TOTAL)
AND OVERNIGHT MAIL

December 7, 2011

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: *Reese for Congress*


To Whom It May Concern:

Enclosed please find the following for filing on behalf of James Reese, a candidate for the United States House of Representatives, District 12, State of Ohio:

1. Amended FEC Form 1, Statement of Organization, Reese for Congress;
2. Amended FEC Form 2, Statement of Candidacy, James Reese.

Please do not hesitate to contact me at (614) 263-7000 if additional information is needed.

Best regards,


MARK A. MCGINNIS
Attorney at Law

Encl.

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FEC FORM 1

STATEMENT OF ORGANIZATION

PAGE 1/4 RECEIVED 2011 DEC -9 PM 2:11 FEC MAIL CENTER Office Use Only

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

12FE4M5

REESE FOR CONGRESS

ADDRESS (number and street)

545 E TOWN ST

X (Check if address is changed)

COLUMBUS

OH

43215

CITY

STATE

ZIP CODE

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

dmctigue@electionlawgroup.com

X (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.reeseeforcongress.com

(Check if address is changed)

2. DATE 11 30 2011

3. FEC IDENTIFICATION NUMBER

C00505842

4. IS THIS STATEMENT NEW (N) OR X 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

Jay Norland

Signature of Treasurer

[Handwritten Signature]

Date

12 07 2011

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)

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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 JAMES REESE

Candidate Party Affiliation DEM Office Sought: House Senate President State OH District 12

- (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 C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

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Write or Type Committee Name

REESE FOR CONGRESS

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

NONE

Mailing Address

CITY

STATE

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 JAY MITCHELL MORELAND

Mailing Address 35 E GAY ST

STE 500E

COLUMBUS OH 43215

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 614 462 0290

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 JAY MITCHELL MORELAND

Mailing Address 35 E GAY ST

STE 500E

COLUMBUS OH 43215

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 614 462 0290

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Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

FIFTH THIRD BANK

[Grid for Name of Bank, Depository, etc.]

Mailing Address

21 E STATE ST

[Grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

COLUMBUS

OH

43215

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

HUNTINGTON NATIONAL BANK

[Grid for Name of Bank, Depository, etc.]

Mailing Address

PO BOX 1558

[Grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

COLUMBUS

OH

43215

CITY

STATE

ZIP CODE

11030693377

TRANSMISSION VERIFICATION REPORT

TIME : 12/07/2011 15:08
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i> | Shipping Date <i>12/7/11</i> |
| Next Business Day Delivery <input type="checkbox"/> | |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  PREPARER | <i>12/9/11</i> DATE PREPARED |