FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instructio		•								
		(See instructio	115)					Offic	e use only			
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)		nple: If typyin the lines	g, type	12F	E4M5	1 1				
Reed Elsevie	r Inc. Political A	ction Committee					ш	ш				
											ш	لــــــا
ADDRESS (number and	d street)	50 18th St., NW, #	600			ш			ш		ш	
(Check if add	dress			ш	ш	ш		Ш	ш		ш	
is changed)	Wa	shington		шш	ш	DC			20036	<u>`</u>	ш	
COMMITTEE'S E-MA	AU ADDRESS		CITY▲			STATE	•		ZIP	CODE	•	
	SE@SKADDEN.C	OM										
											ш	
			ш	шш	L_	ш	ш	ш	ш			
COMMITTEE'S WEE	B PAGE ADDRESS	(URL)										
											ш	
					1 1 1		1 1	1 1			ш	
202-857-8294 202-857-8294 2. DATE 0	M / D D /	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
3. FEC IDENTIFIC	ATION NUMBER	[C C00	345793								
4. IS THIS STATE	MENT NE	EW (N) OR	X	AMENE	DED (A)							
I certify that I have exar Type or Print Name c		nd to the best of my kno		d belief it is tru	ue, correct a	nd comple	ete					
Signature of Treasure	er Electronically F	iled by Edward R	. Comst	ock		Date	М О 2	2 ^M /	12	/ []	2 0	8 0
NOTE: Submission of		omplete information mag	-		_				f 2 U.S.C	. S437g	-	
Office Use Only				For further in Federal Elect Toll Free 800 Local 202-69	ion Commis -424-9530				FEC F	FORN d 02/200		

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5.	TYPE OF COMMITTEE	(Check One)				
	(a) This cor	mmittee is a principal camp	paign committee. (Complete the	candidate information	below.)	
	(- /	mmittee is an authorized co tion below.)	ommittee, and is NOT a principa	campaign committee	. (Complete the ca	andidate
	Name of Candidate					
	Candidate Party Affiliation	Office Sought	t: House	Senate	President	State District
	(c) This com	nmittee supports/opposes o	only one candidate, and is NOT	an authorized committ	ee.	
	Name of Candidate					
	(e) X This com		(National, State (or subordinate) commgated fund more than one Federal candidate		. Rep	emocratic, publican,etc.) Party. and or party
6.	Name of Any Connect	ted Organization or Affilia	ated Committee			
	Reed Elsevier Inc.					1 1 1 1 1 1
L			1 1 1 1 1 1 1 1 1			
	Mailing Address	115	50 18th Street NW #600			
		L	shington	PC	200	036 _ [
			CITY▲	STATE	. ≜ 2	ZIP CODE A
	Relationship	Connected Org.				
	Type of Connected Orga	anization:				
	X Corporation		Corporation w/o Capital Sto	ck	Labor Organization	on
	Membership O	Organization	Trade Association		Cooperative	

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W	rite or Type Committee	Name				
	Reed Elsevier Inc	c. Political Action Committee				
7.		ls: Identify by name, address, (phone numittee books and records.	umber optional), and pos	ition of th	ne person in	
	Full Name	Edward R. Comstock				
	Mailing Address	2 Newton Place #35	50			
		Newton		<u> </u>	02458 _	
	Title or Position ▼	CITY A	STAT	EA	ZIP CODE	A
	Trea	asurer	Telephone number	617	558	4991
3.	name and address Full Name	name and address (phone number op of any designated agent (e.g., assistant	tional) of the treasurer of th treasurer).	e commi	ittee; and the	
	Mailing Address 2 Newton Place #350		50			
		Newton		<u> </u>	02458	
	Title or Position ♥	CITY A	STAT	Έ Δ	ZIP CODE	E ▲
	Trea	asurer	Telephone number	617	558	4991
	Full Name of Designated Agent	Charles Fontaine				
	Mailing Address	2 Newton Place #35	50			
		Newton		<u> </u>	02458	
	Title or Position ▼	CITY A	STAT	ΕA	ZIP CODE	A
	Ass	t. Treasurer	Telephone number	617	558	4918

9.

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Banks or Other Depositories safety deposit boxes or maintain			,	counts, rents
Name of Bank, Depository, etc				
Citizer	s Bank			
Mailing Address	28 State Street,	13th Floor		
	Boston		MA	02109
		CITY 🗖	STATE 4	ZIP CODE 🛕
Name of Bank, Depository, etc				
, , , , , , , , , , , , , , , , , , , ,	•			
Mailing Address				