

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 C. C. REED

Candidate Party Affiliation NPA Office Sought: House Senate President State E District 8

- (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	<u>C</u>
2.	_____	FEC ID number	<u>C</u>
3.	_____	FEC ID number	<u>C</u>
4.	_____	FEC ID number	<u>C</u>

PHOTON - HSO - STORM

Write or Type Committee Name

NOW OUR WAY

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

Calvin Reed

Mailing Address

P. O. Box 11875

Miami

FL

33101

1875

Title or Position

CITY

STATE

ZIP CODE

Chairman

Telephone number

772

672

9438

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

Calvin Reed

Mailing Address

P. O. Box 11875

Miami

FL

33101

1875

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

772

672

9438

PHOTOCOPIED FROM SOURCE

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NEW
OUR
WAY

\$100

MILLION
SETTLEMENT

UNITED STATES FEDERAL CASE #:
13-22518-CIV-MORENO

1-877-571-9284
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www.cleanflorida.net

-VS-

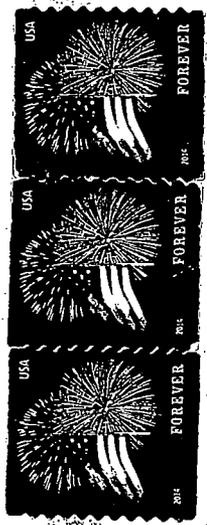
STATE OF FLORIDA
Division of Elections 2014

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
We have a Reality Today!!!

EMAIL QUESTIONS TO
JGOVERNOR2014@GMAIL.COM
OR CCREEDGOVERNOR@YAHOO.COM

HELLO WORLD!!!

1-800-4-041-1000



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1 Our Way

C. C. Reed

Box 011875

mi, Florida 33101

Federal Election Commission

999 E Street, NW

Washington, D.C. 20463

Federal Election Commission
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FORM 440-1004