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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Reis for Congress PO Box 1333 ADDRESS (number and street) (Check if address is changed) North Kingstown 02852 RI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rhue@reis4congress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) reis4congress.com (Check if address is changed) DATE 2014 C00552554 FEC IDENTIFICATION NUMBER > 3. × IS THIS STATEMENT NEW (N) OR 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 Rhue Reis [Electronically Filed] 09 15 2014 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

F	EC <b>Fo</b>	orm 1 (Revised 02/2009)	Page <b>2</b>
		COMMITTEE  a Committee:	
(a)	X	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. (Compinformation below.)	elete the candidate
Name Cand		Rhue Reis	
Cand Party	idate Affiliati	ion rep Office Sought: X House Senate President	State RI District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:  (National, State	Democratic,
(d)		· · · · · ·	Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected 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 secommittee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.		
	4		

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Write or Type Committee	Name	
Reis for Con	gress	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
NONE		
	<u> </u>	<u> </u>
Mailing Address		
		710 0005
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representation	ve Leadership PAC Sponso
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the per	son in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. <b>Treasurer:</b> List the name any designated agent (e)	ne and address (phone number optional) of the treasurer of the committee; as e.g., assistant treasurer).	nd the name and address of
Full Name Kriste	en Lee Reis	
Mailing Address	11 Congdon Hill Rd	
	Saunderstown	02874
Title or Position	CITY STATE	ZIP CODE
Treasurer		

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Full Name of Designated		
Agent		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
safety deposit be Name of Bank,	Depository, etc.	
	The Washington Trust Company	
Name of Bank,	The Washington Trust Company	
Name of Bank,	The Washington Trust Company  7625 Post Rd	ZIP CODE
Name of Bank,	The Washington Trust Company  7625 Post Rd  North Kingstown  CITY  STATE	ZIP CODE
Name of Bank,	The Washington Trust Company  7625 Post Rd  North Kingstown  CITY  STATE	ZIP CODE
Name of Bank,	The Washington Trust Company  7625 Post Rd  North Kingstown  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	The Washington Trust Company  7625 Post Rd  North Kingstown  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	The Washington Trust Company  7625 Post Rd  North Kingstown  CITY  STATE  Depository, etc.	ZIP CODE