

Reports Analysis Div.

FEC - RAD

Karen H. Raye*Treasurer, Raye for Congress (ME-02)*

P.O. Box 207

Eastport, ME 04631

19 MAR 15 RCU/D

Fax Page 1 of 13

To: Sari Pickerall (Fax #202-219-3496)

From: Karen Raye

Subj: Copies of filings

Attached are the hand-written copies of our amended Statement of Organization (making me the Treasurer) and our October quarterly and Year end reports showing no transactions.

As we discussed, the campaign ended with a Primary loss in June of 2014. Since that time, I've been struggling with our database company to acquire an electronic version of our filings so that I can upload it into FECFile. I will work with Robin Kelly on that in the next few weeks.

In the meantime, I wanted to get you these hand-written reports.

Thank you.



FEC - RAD
Reports Analysis Div.

19 MAR 15 09:00

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

Raye for Congress

ADDRESS (number and street)

P.O. Box 207

(Check if address
is changed)

Eastport

ME

04631-

CITY

STATE

ZIP CODE

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

X

(Check if address
is changed)

KAREN.RAYE@KEVINRAYE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

X

(Check if address
is changed)

N/A

2. DATE

03 01 2015

3. FEC IDENTIFICATION NUMBER

C 00519231

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

Karen H. Raye

Signature of Treasurer

Karen H. Raye

Date

03 01 2015

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1.
(Revised 02/2009)

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
CandidateCandidate
Party Affiliation

R

Office
Sought:

X

House

Senate

President

State

ME

District

02

- (c) ☒ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

KEVIN L RAYE

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

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

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

207-853-9406

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

207-853-9406

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Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

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.

BANGOR SAVINGS BANK

Mailing Address

EASTPORT

ME

1046311

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.


Mailing Address

CITY

STATE

ZIP CODE

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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 checked="" type="checkbox"/> Other (Specify): <i>Fax Recd From</i> <i>RAO</i>	Date of Receipt or Postmarked <i>3/19/15</i>
 PREPARER	<i>3/20/15</i> DATE PREPARED

(3/2015)

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