STATEMENT OF

RECEIVED 7

FORM 1		ORGANIZA	ATION		12 JAN 23 PM 12: UZ FERG MAN, CENTER
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
RAYE FOR	R COM	NGRESS			
	<u> </u>			<u> </u>	
ADDRESS (number a	nd street)	P.O. Box 207			
(Check if a	ddress	<u> </u>			
is changed)		Eastport		ME	4631
		1	CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	SS (Please provide only one e-	-mail address)		
(Check if	oddrooo	info@rayeford	congress.com		
(Check if address is changed)					
COMMITTEE'S WEB	PAGE ADI	ORESS (URL)			
Chook if	adduaaa	www.rayeforc	ongress.com		
(Check if is change			<u> </u>	<u> </u>	
2. DATE 01	* ∵ู่ 15	° 2012			
3. FEC IDENTIFIC	CATION NU	JMBER C:00	366906		
4. IS THIS STATE	MENT X		AMENDED (A)		
I certify that I have e	examined th	is Statement and to the best	of my knowledge and belief it	is true, correct	and complete.
Type or Print Name	of Treasure	Arthur A. Cor	mstock		
Signature of Treasure	er	arthur a	Constale	Date 01 [™]	15 2012
NOTE: Submission of		•	may subject the person signing t		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

j	FEC Fo	orm 1 (Revised 02/2009) Page 2						
TYPE	E OF C	COMMITTEE						
Can	Candidate Committee:							
(a)	\times	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 Cand		Κεγίη L. Raye						
Cand Party	lidete Affiliat	ion R Office Sought: House Senate President District 02						
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Cand								
Part	у Сог	nmittee:						
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the 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 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 Lobbyisi/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 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.						
	Com	nmittees Participating in Joint Fundraiser						
	1.	FEC ID number C						
	2.	FEC ID number						
	3.	FEC ID number C						
	4.							

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٧	Write or Type Committee Name							
F	RAYE FOR CONGRESS							
6.	Name of Any Connected	d Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	PAC Sponsor					
L								
	Mailing Address							
			. 1-1					
		CITY STATE ZIF	CODE					
	Relationship: Connec	eted Organization Affiliated Committee Joint Fundraising Representative: Leade	rshin PAC Sponsor					
	Tiolationship.		omp / rio oponicor					
	Custodian of Records: In	dentify by name, address (phone number optional) and position of the person in posses	esion of committee					
•	books and records.	opusitar, and position in position of the posi						
	₁Kare	en H. Raye	ı					
	Full Name	IP.O. Box 207						
	Mailing Address	1.9. PV 201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
		Eastport ME 04631	لـــــا-ك					
	Title or Position	CITY STATE ZIF	CODE					
	Assistant Treas	urer Telephone number 207 1-1853	_ 9406					
	/100/1014/11/194P	Telephone number						
В.	Treasurer: List the name a	and address (phone number optional) of the treasurer of the committee; and the name	and address of					
	any designated agent (e.g.							
	Full Name of Treasurer	ur,A. Comstock						
		P. O. Box 207						
	Mailing Address							
		- ME: 04024						
		Eastport ME 04631	CODE					
	Title or Position							
	Treasurer	Telephone number 207, - 866						
1								

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Full Name of Designated Agent	Karen H. Raye					
Mailing Address	[P,Q. Box 207	لسسب				
		لىسىب				
	Eastport 0463	1 - ZIP CODE				
Title or Position						
9. Banks or Other safety deposit b Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc.	accounts, rents				
	[Bangor Saγings Bank , , , , , , , , , , , , , , , , , , ,					
Mailing Address	54 Washington Street					
	Eastport 0463	1				
	CITY STATE	ZIP CODE				
Name of Bank,	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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified 1/17/12 Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **DATE PREPARED**