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FEC FORM 1

STATEMENT OF ORGANIZATION

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			iOi	ILEDOSE: Only 45
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	#
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Reis for Congres	}			
				i
ADDRESS (seekee and stood)	PO Box 1333			1
ADDRESS (number and street)	<u> </u>		<u> </u>	
	1			1111111
is changed)	North Kingstown	_	,RI , ,028	52
			تا لتا	<u></u>
	CITY A		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address	dion93@verizon.net			
is changed)				4 1 1 1 1 1 1
	Optional Second E-Mail Add	dress		
	bernadette@reis4ce	ngress.com		·
	<u> </u>			
0014147777770 1470 0407 407	DE00 (UDL)			
COMMITTEE'S WEB PAGE ADD	· •			
X ◀ (Check if address	www.reisforcongress.com			
is changed)	<u> </u>		<u> </u>	
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2. DATE 01 28	3 2014			
a FEC IDENTIFICATION NI	IMBER L C C	00552554		
3. FEC IDENTIFICATION NU	IMBER >	0000200		
			•	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
	· ·			
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
			,	
Time or Driet Name of Tracerus	r Bernadette Dion		•	
Type or Print Name of Treasure	Dominaterra Digit			
	()	, , , , , , ,		*
Signature of Treasurer Berna	idette Dion Bland	the Birth	Date O	28 2014
NOTE: Submission of false, errone		may subject the person signing t ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
				<u> </u>
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Only		Toll Free 800-424-9530		(Revised 06/2012)

FEC F	orm 1 (Revised 02/2009)			Pa	ge 2
. TYPE OF (COMMITTEE				
Candidat	e Committae:				•
(a) X	This committee is a prin	ncipal campaign committee. (C	omplete the candidate info	rmation below.)	
(b)	This committee is an au information below.)	uthorized committee, and is NO	Л a principal campaign co	ommittee. (Complete the o	candidate
Name of Candidate	Rhue Reis		1111111		1111
Candidate Party Affilia	tion Rep	Office Sought: X House	Senate	State President	RI . 02
(c)	This committee support	s/opposes only one candidate,	and is NOT an authorized	Distriction Distri	CI
Name of Candidate					1111
Party Co	mmittee:				
(d)	This committee is a	(National, Sta or subordinat	ate e) committee of the	(Democrat Republica	tic, n, etc.) Party.
Political	Action Committee (P/	· ·			
(e)	•	parate segregated fund. (Identif	v connected organization o	n line 6) Its connected or	nanization is a
(0)				•	
	Corporation	Co	rporation w/o Capital Stock	Labor U	rganization
	Membership Or	rganization Tro	de Association	Coopera	itive
	In additi	en, this committee is a Lobbyist	Registrant PAC.		
(f)	This committee support	ts/opposes more than one Fed	eral candidate, and is NO	Γ a separate segregated	fund or party
	In addition, this	committee is a Lobbyist/Registra	ant PAC.		
	In addition, this	committee is a Leadership PAC	. (Identify sponsor on line 6)	
Joint Fun	draising Representat	ilve:			
(g)		contributions, pays fundraising eas, at least one of which is an au			political
(h) .	This committee collects committees/organization	contributions, pays fundraising e s, none of which is an authorize	expenses and disburses net d committee of a federal ca	proceeds for two or more indidate.	political
Cor	mmittees Participating ir	າ Joint Fundraiser			
1.				per C	
••	<u> </u>			0	
2.					
			FEC ID num	ber C	
3.			FEC ID num	я :	

_	<u> </u>						
W	rite or Type Committe	ee Name	!				
F	Reis for Co	nare	ess				
<u> </u>				ed Committee, Joir	nt Fundraising Rep	resentative, or Lead	ership PAC Sponsor
N	ONE		1 1 1 1 1 1 1				<u> </u>
	Mailing Address						
						با ليا	لـــا-لـــا
				CITY		STATE	ZIP CODE
	Relationship: Co	onnected	l Organization Aff	filiated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
7.	Custodian of Records.	rds: Ider	ntify by name, addres	s (phone number	optional) and posit	ion of the person in	possession of committee
	, Be	ernadette	e Dion				
	Full Name		,34 Salem Dr				
	Mailing Address						
				11111			
			North Kingstown			RI 0285	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Title or Position			CITY		STATE	ZIP CODE
	Treasurer				Telephone nun	nber 401 -	649 - 2051
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).					name and address of	
	Full Name Bernadette Dion of Treasurer						
	Mailing Address		34 Salem Dr		1 1 1 1 1 1 1 1 1		
			North Kingstown	CITY	لببي	RI 0285	ZIP CODE
1	Title or Position Treasurer	111			Telephone nun	ı 401 ı	649 - 2051

FEC Form	n 1 (Revised 02/2009)	Page 4					
Full Name of Designated Agent	Kristen Lee Reis						
Mailing Address	11 Congdon Hill Rd						
	Saunderstown RI 02874 CITY STATE	ZIP CODE					
Title or Position Asst. Treasurer	Telephone number 401 -	525 - 0784					
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	s accounts, rents					
Name of Dair, i	Name of Bank, Depository, etc. The Washington Trust Company						
Mailing Address	7625 Post Rd						
	North Kingstown RI 102852	<u></u>					
	CITY STATE	ZIP CODE					
Name of Bank, I	Depository, etc.						
Mailing Address							
		لــــا-لـــ					
	CITY STATE	ZIP CODE					

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Washington, Dc.

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EP14F July 2013 OD: 12.5 x 9.5 PS00001000014

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DATE PREPARED

(8/2013)

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