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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. Steve Reilly for Congress 7 Lumpkin Street ADDRESS (number and street) (Check if address is changed) Lawrenceville 30046 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sreilly@amrslaw.com (Check if address is changed) Optional Second E-Mail Address vlt@thompson-sweeny.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00648170 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. Thompson, V., Lee,, Type or Print Name of Treasurer Thompson, V., Lee,, [Electronically Filed] 06 19 2017 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

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		OMMITTEE • 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 Candid		Reilly, Steven, M., ,				
Candio		on DEM Office Sought: X House Senate President	State GA District 07			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candid						
Party	/ Con	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.			
Politi	ical A	ction 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	Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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	mittees Participating in Joint Fundraiser				
	1.					
	2.	FEC ID number				
	3.					
	4.					

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Write or Type Committee		- 0
	for Congress	
	ected Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	nnected Organization Affiliated Committee Joint Fundraising Representative	
 Custodian of Record books and records. 	ls: Identify by name, address (phone number optional) and position of the perso	n in possession of committee
Rei Full Name	illy, Steven, M., ,	
Mailing Address	7 Lumpkin Street	
	Lawrenceville	30046
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. Treasurer : List the na any designated agent	me and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	I the name and address of
Full Name Tho of Treasurer	ompson, V., Lee, ,	
Mailing Address	P. O. Box 1250	
		30046
Title or Position Treasurer	CITY STATE 770 Telephone number	ZIP CODE

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Full Name of Designated Agent	Reilly, Steven, M., ,					
Mailing Address	7 Lumpkin Street					
	Lawrenceville GA CITY STAT					
Title or Position Candidate	Telephone number	770 - 513 - 9914				
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. SunTrust Bank						
Mailing Address	701 Duluth Highway					
-						
	Lawrenceville	SA 30046				
	CITY STAT	TE ZIP CODE				
Name of Bank, D	Depository, etc.					
Mailing Address						
	CITY STAT	TE ZIP CODE				