

## FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS  
AND LOBBYIST/REGISTRANT PACs

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                          |  |
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| 1. NAME OF COMMITTEE (in full)<br><br><b>The Reed Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TYPE OR PRINT<br><br><b>PO Box 8628</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Example: If typing, type over the lines.<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>12FE4M5</b></div>                                                              |  |
| ADDRESS (number and street)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | STATE                                                                                                                                                                                                    |  |
| <input type="checkbox"/> Check if different than previously reported. (ACC)                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Cranston</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>RI</b>                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>02920</b>                                                                                                                                                                                             |  |
| 2. FEC IDENTIFICATION NUMBER<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C C00238907</b></div>                                                                                                                                                                                                                                                                                                                                                         |  | 3. IS THIS REPORT<br><input checked="" type="checkbox"/> NEW (N) <b>OR</b> <input type="checkbox"/> AMENDED (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 4. STATE DISTRICT<br><div style="display: flex; justify-content: space-around;"><div><b>RI</b></div><div></div></div><br>For Candidates Only                                                             |  |
| 5. TYPE OF REPORT<br>(Choose One)<br>(a) Quarterly Reports:<br><input checked="" type="checkbox"/> April 15 Quarterly Report (Q1)<br><input type="checkbox"/> July 15 Quarterly Report (Q2) and/or Semi-annual Report<br><input type="checkbox"/> October 15 Quarterly Report (Q3)<br><input type="checkbox"/> January 31 Year-End Report (YE) and/or Semi-annual Report<br><input type="checkbox"/> July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report |  | (b) Monthly Report Due On:<br><div style="display: flex; flex-wrap: wrap;"><div><input type="checkbox"/> Feb 20 (M2)</div><div><input type="checkbox"/> May 20 (M5)</div><div><input type="checkbox"/> Aug 20 (M8)</div><div><input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)</div><div><input type="checkbox"/> Mar 20 (M3)</div><div><input type="checkbox"/> Jun 20 (M6)</div><div><input type="checkbox"/> Sep 20 (M9)</div><div><input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)</div><div><input type="checkbox"/> Apr 20 (M4)</div><div><input type="checkbox"/> Jul 20 (M7) and/or Semi-annual Report</div><div><input type="checkbox"/> Oct 20 (M10)</div><div><input type="checkbox"/> Jan 31 (YE) and/or Semi-annual Report</div></div><br>(c) 12-Day PRE-Election Report for the:<br><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Primary (12P)</div><div><input type="checkbox"/> General (12G)</div><div><input type="checkbox"/> Runoff (12R)</div></div> <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Special (12S)</div><div><input type="checkbox"/> Convention (12C)</div></div> <div style="display: flex; align-items: center;"><div>Election on</div><div style="display: flex; gap: 5px;"><div><div style="border: 1px solid black; padding: 0 5px;">M M M</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">D D D</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">in the</div><div style="border: 1px solid black; padding: 0 5px;">State of</div><div style="border: 1px solid black; padding: 0 5px;"> </div></div></div></div><div style="margin-left: 20px;">This report also covers the semi-annual period<br/><input type="checkbox"/><br/>See Line 6(b)</div></div><br/>(d) 30-Day POST-Election Report for the:<br/><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> General (30G)</div><div><input type="checkbox"/> Runoff (30R)</div><div><input type="checkbox"/> Special (30S)</div></div><div style="display: flex; align-items: center;"><div>Election on</div><div style="display: flex; gap: 5px;"><div><div style="border: 1px solid black; padding: 0 5px;">M M M</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">D D D</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">in the</div><div style="border: 1px solid black; padding: 0 5px;">State of</div><div style="border: 1px solid black; padding: 0 5px;"> </div></div></div></div><div style="margin-left: 20px;">This report also covers the semi-annual period<br/><input type="checkbox"/><br/>See Line 6(b)</div></div></div></div></div></div> |  |                                                                                                                                                                                                          |  |
| 6. Covered Period(s)<br>This report covers                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | (a) Quarterly/Monthly/Pre-/Post-Election Covered Period<br><div style="display: flex; align-items: center;"><div><div style="border: 1px solid black; padding: 0 5px;">M M M</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">D D D</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">01</div><div style="border: 1px solid black; padding: 0 5px;">01</div><div style="border: 1px solid black; padding: 0 5px;">2026</div></div></div></div> through <div style="display: flex; align-items: center;"><div><div style="border: 1px solid black; padding: 0 5px;">M M M</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">D D D</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 0 5px;">/</div><div><div style="border: 1px solid black; padding: 0 5px;">03</div><div style="border: 1px solid black; padding: 0 5px;">31</div><div style="border: 1px solid black; padding: 0 5px;">2026</div></div></div></div> and/or</div></div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | (b) Semi-annual Covered Period<br><div style="display: flex; align-items: center;"><div><input type="checkbox"/> January 1 - June 30</div><div><input type="checkbox"/> July 1 - December 31</div></div> |  |
| 7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs                                                                                                                                                                                                                                                                                                                                                                                              |  | (a) Quarterly/Monthly/Pre-/Post-Election Covered Period<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>60610.15</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | (b) Semi-annual Covered Period<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                      |  |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Zamore, Judith, , ,Signature of Treasurer Zamore, Judith, , , Date 

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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3L  
02/2009

**SCHEDULE A (FEC Form 3L)****REPORTABLE BUNDLED CONTRIBUTIONS FORWARDED BY OR CREDITED TO LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Reed Committee

**A. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC**

American Israel Public Affairs Committee Political Action Committee

Mailing Address 251 H St NW

City

Washington

State

DC

Zip Code

20001-2604

FEC ID number of Lobbyist/Registrant PAC, if applicable.

C

C00797670

Name of Employer

Reportable Bundled Contributions during:

Quarterly / Monthly / Pre-Election  
or Post-Election Covered Period

60610.15

Semi-annual Covered Period

0.00

Transaction ID : 3LA135588787

**B. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC**

Mailing Address

City

State

Zip Code

FEC ID number of Lobbyist/Registrant PAC, if applicable.

C

Name of Employer

Reportable Bundled Contributions during:

Quarterly / Monthly / Pre-Election  
or Post-Election Covered Period

Semi-annual Covered Period

**C. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC**

Mailing Address

City

State

Zip Code

FEC ID number of Lobbyist/Registrant PAC, if applicable.

C

Name of Employer

Reportable Bundled Contributions during:

Quarterly / Monthly / Pre-Election  
or Post-Election Covered Period

Semi-annual Covered Period

**D. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC**

Mailing Address

City

State

Zip Code

FEC ID number of Lobbyist/Registrant PAC, if applicable.

C

Name of Employer

Reportable Bundled Contributions during:

Quarterly / Monthly / Pre-Election  
or Post-Election Covered Period

Semi-annual Covered Period

Quarterly/Monthly/Pre-/Post-Election Covered Period

SUBTOTAL reported on this page (optional)

60610.15

Semi-annual Covered Period

0.00

TOTAL reported (last page only)

60610.15

0.00