FEC FORM 1	STATEMEN ORGANIZ		Office	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Reske for Congr				
	910 South Broadway Street			
ADDRESS (number and street)				
(Check if address is changed)				
	Pendleton └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └		IN 46064 	
COMMITTEE'S E-MAIL ADDRE				
(Check if address is changed)	scott@reskeforcongres	s.com		
<i>c</i> ,	Optional Second E-Mail Add	Iress		
(Check if address is changed)	http://www.reskeforcongress.c	xom		
2. DATE 06 / 2	9 / Y Y Y Y 2012			
3. FEC IDENTIFICATION N	UMBER ► C co	00503516		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and co	omplete.
Type or Print Name of Treasure	er Erik Gonzalez			
Signature of Treasurer	Gonzalez	[Electronically Filed]	Date 06	29 / Y Y Y Y 2012
NOTE: Submission of false, error		may subject the person signing t DN SHOULD BE REPORTED W		nalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	on F	EC FORM 1 Revised 06/2012)

07/02/2012 11 : 36

F	EC Fo	m 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cane	didate	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. (Compinformation below.)	plete the candidate
Name Candi		Scott Eric Reske	
Candi Party	idate Affiliati	on DEM Office Sought: X House Senate President	State IN District 05
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	imittee:	
(d)			Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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 tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	nittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	0	FEC ID number	
	2.		
	2. 3.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Reske for Congress

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.

Sarah N	Nicole Russell
Full Name	
Mailing Address	910 South Broadway Street
	Pendleton IN 46064 IN IN 1000000000000000000000000000000000000
Title or Position	CITY STATE ZIP CODE
Assistant Treasurer	Telephone number 765 617 9906

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	Erik Gonzalez
Mailing Address	910 South Broadway Street
	Pendleton
	CITY STATE ZIP CODE
Title or Position	Telephone number = 844 _ 5595

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			 																							1					
Mailing Address																															
																								1			_		1		
						СП	ΓY											STA	ΤE						ZIF	Р С	OD	Е			
Title or Position																															
													Tele	eph	ione	e ni	umt	ber				<u> </u>] –				_				

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.

	First Merchants Bank		
Mailing Address	P.O. Box 545		
			47334
	CITY	STATE	ZIP CODE
Name of Bank, De	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE