

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAILCENTER

2024 MAY 15 AM 10:12

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF REYES (REYES FOR US SENATOR (R)) HI

ADDRESS (number and street)

94-1432 KAHULI STREET

☐

(Check if address
is changed)

WAIPIAHU

CITY ▲

HI

STATE ▲

96797

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

arturorreyes@gmail.com

Optional Second E-Mail Address

arturorreyes@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

ARTURO P. REYES@FACEBOOK.COM

DOCACTPACTECOREYES@FB.COM

2. DATE

05

06

2024

3. FEC IDENTIFICATION NUMBER ►

C

None assigned (NEW)
am

4. 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.

Type or Print Name of Treasurer

Mrs. ZENAIDA A. REYES

Signature of Treasurer

Zenaida A. Reyes

Date

05

06

2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

5. TYPE OF COMMITTEE:

Candidate 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 of Candidate

ARTURO P. REYES

Candidate Party Affiliation

REP

Office Sought:

☐ House

U.S. SENATE

☒ Senate☐ President

State

HI

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

ARTURO P. REYES

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☒ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

(NOT APPLICABLE)

- (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.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(NOT APPLICABLE)

- (i) ☐ 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.
- (j) ☐ 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.

Committees Participating in Joint Fundraiser

1. NA

2. NA

C NA

C NA

2024-05-28 00:47:22 1

Write or Type Committee Name

N/A

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

N/A

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☒

Connected Organization

☐

Affiliated Organization

☐

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.

Full Name

NA

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

N/A

Telephone number

N/A

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

ZENaida A. REYES

Mailing Address

FRIENDS OF REYES (REYES FOR US SEN
ATOR (R)) 94-1432 KAHULI STREET
WAIPIAHU HI 96797

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

808-206-2599

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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.

NONE (CANDIDATE REYES IS NOT ACCEPTING

Mailing Address

N/A ANY DONATIONS) CANDIDATE IS THE
SOLE DONOR/CONTRIBUTOR

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

NONE

Mailing Address

NONE

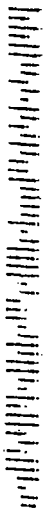
CITY ▲

STATE ▲

ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

PAID BY ADDRESSEE



RECEIVED
FEC MAIL CENTER

2024 MAY 15 AM 10:12

Return P. Reyes for U.S. Senate
Friends of Reyes
1-1432 15444 St. Washington DC 20543

FEDERAL Election Commission
1050 First Street, NE
Washington DC 20463

\$2.35
US POSTAGE
FIRST CLASS
06251223721
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HONOLULU PS&DC 968
TUE 07 MAY 2024 1M

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Federal Election Commission		
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The FEC added this page to the end of this filing to indicate how it was received.		
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt	
<input type="checkbox"/> Received via Email	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
<i>Bev</i> PREPARER (4/2023)	05-28-2024 DATE PREPARED	