Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Reiss for US Senate, Inc. P.O. Box 11464 ADDRESS (number and street) (Check if address is changed) Palm Desert 92255 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS vonac@comcast.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.reissforussenate.us (Check if address is changed) DATE 24 2022 C00789776 FEC IDENTIFICATION NUMBER > 3. X 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. Copp, Vona L., , , Type or Print Name of Treasurer Copp, Vona L., , , [Electronically Filed] 08 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2				
	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 cainformation below.)	ndidate				
	Name of Candidate Reiss, Jonathan, , ,					
	Candidate Party Affiliation REP Sought: House Senate President	State CA District				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
	Party Committee:					
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc	.) Party				
Political Action Committee (PAC):						
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	ganization is a:				
	Corporation Corporation w/o Capital Stock Labor Organ	nization				
	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:					
	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.					
	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					

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٧	rite or Type Committee Name	enate Inc				
6.	Reiss for US Senate, Inc.  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	None					
	Mailing Address					
		CITY ▲	STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fu	ndraising Representati	ve Leadership PAC Sponso		
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and p	osition of the person i	n possession of committee		
	Copp, Von	<b>ā</b> , , ,				
	Full Name					
	Mailing Address	P.O. Box 850				
		Wilton	L CA	95693		
		CITY ▲	STATE ▲	ZIP CODE ▲		
	Title or Position ▼					
	Custodian of Records		one number 91	6 716 4435		
3.		surer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of designated agent (e.g., assistant treasurer).				
	Full Name Copp, Von	a, , ,		1		
	of Treasurer	DO Day 950				
	Mailing Address	P.O. Box 850				
		Wilton	L CA	95693		
		CITY ▲	STATE ▲	ZIP CODE ▲		
Title or Position ▼						
	Treasurer	Teleph	one number 91	6 716 4435		

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Full Name of						
Designated Agent	None, , , ,	1 1 1 1 1				
Mailing Address						
Walling Address						
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲			
		. 1 .				
	Telephone r	number []				
	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,	Name of Bank, Depository, etc.					
	California Bank & Trust					
Mailing Address	550 S. Hope Street, Ste. 100					
	Los Angeles	CA	90071			
	CITY A	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: F1A Transaction ID:

Amendment to change name of committee and office sought.

Form/Schedule: Transaction ID: