

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

JUN 07 2022

LEGISLATIVE RESOURCE CENTER

2022 JUN 22 AM 11:01

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

OFFICE OF THE CLERK
1200 ROOM 57 REPRESENTATIVES

ARTURO P REYES FOR US CONGRESS (R)

FRIENDS OF REYES 4US CONGRESS

ADDRESS (number and street)

94-1432 KAHULI STREET



(Check if address
is changed)

WAIPIAHU

CITY ▲

HI

STATE ▲

96797-1432

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

arturompa@pr804@yahoo.com

Optional Second E-Mail Address

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

DOC ART PACHECO REYES (DOC ART)

http://facebook.com/doc art pacoec

2. DATE

06/06/2022

3. FEC IDENTIFICATION NUMBER ►

C

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

Signature of Treasurer

Date

06/06/2022

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)

NON-PROFIT ORGANIZATION

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C. Reyes
6/6/22

Candidate Committee:

C

Write or Type Committee Name

ARTURO P REYES FOR US CONGRESS (R)

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

FRIENDS OF REYES 4US CONGRESS

Mailing Address

94-1432 KAHULI STREET

WAIPAHU

HI

96797-4327

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

ARTURO P REYES

Mailing Address

94-1432 KAHULI STREET

WAIPAHU

HI

96797-4327

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CANDIDATE

Telephone number

808-745-8657

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

ARTURO P REYES

Mailing Address

94-1432 KAHULI STREET

WAIPAHU

HI

96797-4327

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER/CANDIDATE

Telephone number

808-745-8657

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.

PENFED CREDIT UNION (6702594)

Mailing Address

PO BOX 1432

ALEXANDRIA

VA

22313-2032

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

NA

Mailing Address

NA

NA

NA

NA

-NA

CITY ▲

STATE ▲

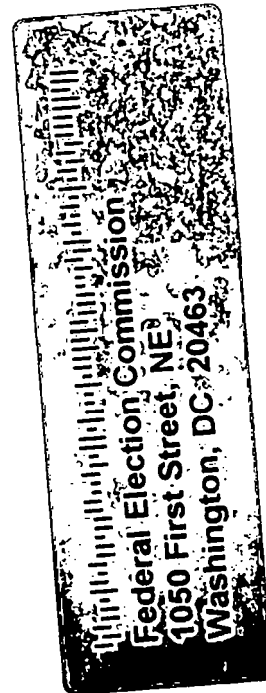
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House of Representatives
Washington, DC 20515-6601

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Cheryl L. Johnson

CLERK, U.S. HOUSE OF REPRESENTATIVES



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Federal Election Commission	
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	06-28-2022 DATE PREPARED

(3/2015)