STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
RI WIN '96

(b) Number and Street Address ☐ (Check if address is changed)
PO Box 8358

(c) City, State and ZIP Code
Cranston, RI 02920

SECRETARY OF THE SENATE
96 SEP 16 PM 1:05

2. DATE
9/11/96

3. FEC IDENTIFICATION NUMBER

4. IS THIS STATEMENT AN AMENDMENT?
☐ YES ☒ NO

5. TYPE OF COMMITTEE (Check one) H.D.

☐ (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	Candidate Party Affiliation	Office Sought	State/District
John F. Reed	Democrat	U.S. Senate	RI

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

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

☐ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
The Reed Committee RI Democratic State Committee	PO Box 8628 Cranston, RI 02920 10 Davol St., Ste 300 Providence, RI 02903	through joint fundraising agreement

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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	Mailing Address	Title or Position
Elizabeth R. Young	99 Orange St. Providence, RI 02903	Treasurer

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	Mailing Address	Title or Position
Elizabeth R. Young	99 Orange St. Providence, RI 02903	Treasurer

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.	Mailing Address and ZIP Code
Citizens Bank	Kennedy Plaza, Providence, RI 02903

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
Elizabeth R. Young	Elizabeth R. Young	9/11/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

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KELLY D. JOHNSTON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT
HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-0[illegible]

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

____**HAND DELIVERED**_____
Date of Receipt

____**INSIDE MAIL**_____
Date of Receipt

____**RECEIVED FROM THE HOUSE OFFICE OF RECORDS & REGISTRATIONS**_____
Date of Receipt

____**RECEIVED FROM THE FEDERAL ELECTION COMMISSION**_____
Date of Receipt

____**FIRST CLASS MAIL**_____
Postmarked

✓**REGISTERED/CERTIFIED MAIL** Sept 13, 1996
Postmarked

____**NO POSTMARK**

____**POSTMARK ILLEGIBLE**

____**OTHER (Specify):**_____

_____
Postmark and/or Date of Receipt

RD — Sept 17, 1996
Preparer **Date Prepared**

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