

FEC FORM 1

STATEMENT OF ORGANIZATION

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2006 MAR 20 A 10:24

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Rea for Congress

ADDRESS (number and street)

601 S. Glenoaks Blvd., #211

(Check if address is changed)

Burbank

CA

91502

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LRea@mindsync.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

ReaForCongress.com

COMMITTEE'S FAX NUMBER

818 - 260 - 0657

2. DATE

03 / 16 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C 00415851

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 Kinde Durkee

Signature of Treasurer

Date

03 / 16 / 2006

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.

Office Use Only

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

FEC FORM 1
(Revised 02/2003)

26039014467

5. TYPE OF COMMITTEE (Check One)

- (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 Lisa M. Rea

Candidate Party Affiliation DEM Office Sought: House Senate President State CA District 04

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

Name of Candidate _____

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

None

None

Mailing Address None

None

None

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26039014453

Write or Type Committee Name

Rea for Congress

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 Kinde Durkee

Mailing Address 601 S. Glencaks Blvd., #211

Burbank CA 91502

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 818-260-0669

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 Kinde Durkee

Mailing Address 601 S. Glencaks Blvd., #211

Burbank CA 91502

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 818-260-0669

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26039014469

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.

Wells Fargo Bank

Mailing Address

5660 Freeport Blvd.

Sacramento CA 95822

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jm W</i> PREPARER	<i>3-20-06</i> DATE PREPARED

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