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FEC FORM 1		STATEMEN ORGANIZ		Office	PAGE 1 / 4
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
REISER 20	18				
	<u> </u>	P.O. Box 51332			
ADDRESS (number and (Check if a	,				
is changed		Irvine CITY▲		CA 92619 STATE ▲	
COMMITTEE'S E-MA		S			
(Check if a is changed		reiserinthehouse@gma			
Ū		Optional Second E-Mail Add	dress		
COMMITTEE'S WEB	address	RESS (URL) brandonreiser.com			
2. DATE 06		2017			
3. FEC IDENTIFIC	CATION NU	MBER ► C co	00646828		
4. IS THIS STATEN	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the best	of my knowledge and belief it	is true, correct and cor	nplete.
Type or Print Name of	of Treasurer	Reiser, Brandon, , ,			
Signature of Treasure	er Reiser,	Brandon, , ,	[Electronically Filed]	Date 06	01 / Y Y Y Y 2017
NOTE: Submission of			may subject the person signing t ON SHOULD BE REPORTED W		alties of 2 U.S.C. §437g.
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on FC	C FORM 1 evised 06/2012)

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	FEC Fo	rm 1 (Revised 02/2009) Page 2
		OMMITTEE
Can	ndidate	e 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.)
Nam Cano	e of didate	Reiser, Brandon, , ,
	didate / Affiliati	on LIB Office Sought: K House Senate President District CA
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cano	e of didate	
Par	ty Con	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is as
		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.)
Join	t Fund	Iraising Representative:
(g)		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.
(h)		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.
	Com	mittees Participating in Joint Fundraiser
	1.	
	2.	
	3.	FEC ID number
	4.	FEC ID number

FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

REISER 2018

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

Mailing Address										
	CITY	STATE	ZIP CODE							
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso										
Custodian of Decordor Ident	tifu bu nama, address (phana number	antional) and position of the par	con in possession of committee							

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Reiser, Bra	ndon, , ,								
Full Name									
Mailing Address	P.O. Box 51332								
	Irvine CA 92619 - - - -								
Title or Position	CITY STATE ZIP CODE								
Custodian Telephone number									

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	Reiser, Brandon, , ,
Mailing Address	P.O. Box 51332
	Irvine CA 92619
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																										
Mailing Address																										
]-[
	CITY							STATE ZIP CODE																		
Title or Position																										
												Tele	eph	one	e ni	umt	ber] – [

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.
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Wells F	- argo		
Mailing Address	5 Corporate Plaza Drive		
	$\lfloor \ , \ , \ , \ , \ , \ , \ , \ , \ , \ $		
	Newport Beach		660
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE