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FEC FORM 2

STATEMENT OF CANDIDACY

							_		
1. (a	Name of Candidate (in full)								
**	Reed, John, F., ,								
(b) Address (number and street) PO Box 8628	☐ Check if address changed				Candidate's FEC Identification Number S6RI00163			
(c	City, State, and ZIP Code					3. Is This New Amended	t		
	Cranston		RI	0292	0	Statement (N) OR (A)			
4. Pa	arty Affiliation	5. Office Soug	ght			trict of Candidate			
D	EMOCRATIC PARTY	Senate			RI				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7. It	nereby designate the following nar	med political co	ommittee as m	ny Principal	Campaign Comr	mittee for the 2026 (year of election) election(s).			
	OTE: This designation should be to	filed with the ap	opropriate offi	ce listed in t	he instructions.				
(a) Name of Committee (in full)								
The Reed Committee									
(b) Address (number and street)								
	PO Box 8628								
(c	City, State, and ZIP Code						_		
	Cranston				RI	02920			
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTEES			
					g Representativ				
0 11						, and the second			
	iereby authorize the following han Indidacy.	nea committee	, which is ind	i my princip	ai campaign con	mmittee, to receive and expend funds on behalf of my			
Ga	indidacy.								
NOTE: This designation should be filed with the principal campaign committee.									
(a) Name of Committee (in full)								
	Blue Senate 2026								
(b) Address (number and street)								
	600 Pennsylvania Ave SE								
	Unit 15180								
(c) City, State, and ZIP Code								
	Washington				DC	20003			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Signature of Candidate					Date	-			
Reed, John, F., ,				10/30/2025					
Кееи	, <i>Joun</i> , F., ,					10/30/2023			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
NOTI	E: Submission of false, erroneous	, or incomplete	information n	nay subject t	he person signir	ng this Statement to penalties of 2 U.S.C. §437g.			
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NOTI	E: Submission of false, erroneous	, or incomplete	information n	nay subject t	he person signir	ng this Statement to penalties of 2 U.S.C. §437g.	_		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	Reed Victory Fund								
	(b) Address (number and street)	_							
	600 Pennsylvania Ave SE								
	Unit 15180 (c) City, State, and ZIP Code								
	Washington DC 20003								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								