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FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAIL CENTER 2018-06-11-14 6-11-14 8:28
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typing, type over the lines.	12FE4M5
WRITE	IN-RILEY MON ACT. CO	
ADDRESS (number ar		ME 0.4.6.09 - 1.3.1.8
COMMITTEE'S E-MA	NL ADDRESS	•
(Check if a is changed		-riler, com
	Optional Second E-Mail Address Candidate @ Write-in-r	
COMMITTEE'S WEB	PAGE ADDRESS (URL) address)) Lattps://write-inviley.co	
2. DATE	٢ (٢ ٩ ٢ ٤ ٢ ٢ ٢	
3. FEC IDENTIFICATION NUMBER ►		
4. IS THIS STATEN)
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 James N. Riley, Jr.		
Signature of Treasurer Acon Play Date 10' [1] ZO18		
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 informatic Federal Election Comm Toll Free 800-424-9530	nicontact: FEC FORM 1

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FEC Fo	rm 1 (Revised 02/2009)	, 	Page 2
	OMMITTEE Committee:		. 0
	This committee is a principal campaign comm	ು ಬೆಡು nittee. (Complete the candidate inform	ation below.)
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(b)	This committee is an authorized committee, a information below.)		
Name of Candidate	James, N. Riley	$12\overline{\mathcal{N}}$	
Candidate Party Affiliati	on Rep. Office D	House 🕅 Senate 🔲	State Merce President Ďistrict
(c)	This committee supports/opposes only one ca	andidate, and is NOT an authorized c	ommittee.
Name of Candidate			
Party Cor			``
(d)		ubordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	• •	
(e)	This committee is a separate segregated fun	d. (Identify connected organization on li	ne 6.) Its connected organization is a:
	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 Lobbyis	t/Registrant PAC.	
	In addition, this committee is a Leaders	ship PAC. (Identify sponsor on line 6.)	· .
Joint Fund	Iraising Representative:		MARACHITMEGI DE.
(g)	This committee collects contributions, pays fun committees/organizations, at least one of which		
(h)	This committee collects contributions, pays functions, none of which is an	draising expenses and disburses net pr authorized committee of a federal cand	oceeds for two or more political idate.
Con	mittees Participating in Joint Fundraiser		
1.		FEC ID number	
2.			
			
CQ .9.2 3.		FEC ID number	
° 4 .		FEC ID number	
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	FEC Form 1 (Revised	02/2009)	Page 3
v	/rite or Type Committee Nam	9 	e
6.	Name of Any Connected	Drganization, Affiliated Committee, Joint Fundraising Repr	resentative, or Leadership PAC Sponsor
			6
L			
L			
	Mailing Address		
	٣		······································
		СІТҮ	STATE ZIP CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising	Representative
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and positi	ion of the person in possession of committee
		A N Dila to	. بي به
	Mailing Address	LIJY Legger WINITTYE.	<u> </u>
		Bar Harbor	ME Q4609-11,318
	Title or Position	CITY	STATE ZIP CODE
	Gampaign	VERSUMEY Telephone nun	mber <u>207</u> 1-6,191-(1,555)
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the assistant treasurer).	
	Full Name of Treasurer I AIM	25 Nr. Riley Dr.	
	Mailing Address	11314 Ladgeburn Ave	
		Bar Harber	ME 104,60,91-11,3,1,8 STATE ZIP CODE
I	Title or Position	HEASINGY LILL Telephone num	

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Full Name of Designated		
Agent		
Mailing Address		╇ ╺┶╶┶╴┶╸╋╺┺╺╋╸╋╸
		<u>+ + + + + + + + + + + + + + + + + + + </u>
	CITY STATE	
Title or Position		
	Telephone number	┶╼┙┈┠┄┽╌┼╼┛┈┠╖┵╾┽╼┽
Name of Bank, D	IB av Harbor Bank & Tryst III IB av Harbor Bank & Tryst III IBO BOX 400	
	Bartlarbor ME	1046091-1
	CITY STATE	ZIP CODE
Name of Bank, D	epository, etc.	· · ·
	لىسىسىسىسىسىسىسىس	
Mailing Address		
	CITY STATE	ZIP CODE

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Received from Electronic Filing Office	Date of Receipt		
Date of Other (Specify):	f Receipt or Postmarked		
nf	10-16-18		
PREPARER (3/2015)	DATE PREPARED		

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