

08 MAY -2 AM 11: 09

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

REED FOR US SENATE 2008 inc

ADDRESS (number and street) 3145 NEWCASTLE RD

(Check if address is changed)

MAKION IA 52302-

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS christopherreed2008@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL) www.christopherreed2008.com

COMMITTEE'S FAX NUMBER 319-393-1776

2. DATE 04 28 2008

3. FEC IDENTIFICATION NUMBER C

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 Kimberly Reed

Signature of Treasurer [Handwritten Signature] Date 04 28 2008

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.

28020230704

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 Christopher Reed

Candidate Party Affiliation: REP Office Sought: House  Senate  President  State: IA District: \_\_\_\_\_

- (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

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

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

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Write or Type Committee Name

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 CHRISTOPHER REED

Mailing Address 3145 NEWCASTLE RD

MARION IA 52302

Title or Position CITY STATE ZIP CODE

CAUDIDATE Telephone number 319-929-3910

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 KIMBERLY REED

Mailing Address 3145 NEWCASTLE RD

MARION IA 52302

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 319-929-3910

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

28020230706

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.

GUARANTY BANK AND TRUST

Mailing Address

3rd and 3rd

Cedar Rapids IA 52401-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

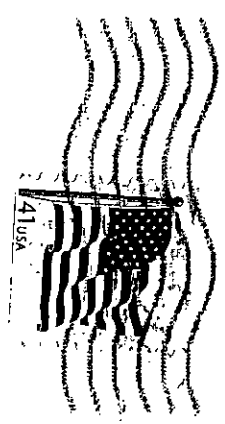
28020230707

Reed for US Senate 2008, inc  
3145 Newcastle Rd  
Marion, Ia. 52302  
www.ChristopherReed2008.com

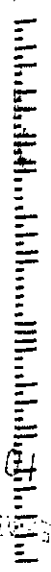
# X-RAYED IN THE SENATE POST OFFICE

Secretary of the Senate  
Office of Public Records  
PO Box 5109  
Alexandria, VA. 22306 1-0109

CEDAR RAPIDS IA 524  
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DEPT OF THE SENATE  
OFFICE OF PUBLIC RECORDS  
ALEXANDRIA, VA 22306-1009

80202702082

NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

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THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_

Date of Receipt

USPS FIRST CLASS MAIL 04-29-08

Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_

Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_

Date of Receipt

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Date of Receipt or Postmark

PREPARER RD

DATE PREPARED 05-02-08

28020230709

28020230710

