# 

FEC FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2000 USOCOMY. DM 8: 1.0

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

**ERNEST REEVES FOR CONGRESS** 

ADDRESS (number and street)

**425 CHELTENHAM DRIVE** 

(Check if address is changed)

**GREENVILLE** 

NC

27834

CITY ▲

STATE A

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

ernestreeves@sprintmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

ernestreeves.com

2. DATE

03

04

2022

3. FEC IDENTIFICATION NUMBER >

C 118055

4. IS THIS STATEMENT

X

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

EXMEST T. REEVES

Signature of Treasurer

Date

03

04

2022

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.

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1	1	Office Use		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 06/2012)

5.

FEC 10	illi i (Hevised 02/2009)						raye Z	
TYPE OF C					,			
Candidate	Committee:							
(a) X	This committee is a princ	cipal campaig	n com	mittee. (Comp	ete the candidate in	formation below	v.)	
(b)	This committee is an aut information below.)	horized comm	nittee,	and is NOT a	principal campaign	committee. (Co	mplete the candi	date
Name of Candidate	ERNEST T. RE	EVES						
Candidate	REP	Office					State	NC
Party Affiliation	on '\_'	Sought:	X	House	Senate	President	District	01
(c)	This committee supports/	opposes only	one (	candidate, and	is NOT an authorize	ed committee.		
Name of Candidate								
Party Con	nmittee:					-	·	
(d)	This committee is a	<b>,</b>		tional, State subordinate) ∝	ommittee of the		(Democratic, Republican, etc	:.) Party.
Political A	ction Committee (PA	C):						
(e)	This committee is a sepa	arate segrega	ted fu	nd. (Identify co	nnected organization	on line 6.) Its co	onnected organiza	ation is a
	Corporation			Corpora	ation w/o Capital Sto	ck	Labor Organi	zation
	Membership Org	anization		Trade A	Association .		Cooperative	^
	In addition	n, this commit	tee is a	a Lobbyist/Reg	istrant PAC.			
(1)	This committee supports committee. (i.e., nonconne			n one Federal	candidate, and is No	OT a separate :	segregated fund	or party
	In addition, this $\infty$	mmittee is a l	Lobbyi	st/Registrant P	AC.			
	In addition, this co	mmittee is a	Leade	rship PAC. (Ide	ntify sponsor on line	6.)		
Joint Fund	Iraising Representativ	ve:				`		
(g)	This committee collects cocommittees/organizations,							ical
(h)	This committee collects co committees/organizations,						two or more politi	cal
Com	mittees Participating in	Joint Fundra	aiser					-
1.					FEC ID nu	mber C		
2.					FEC ID nu	mber C		
<b>3</b> .				,	FEC ID nu	mber C		
4.			•	•	FEC ID nur	mber <b>C</b>		

Write or Type Committee Name

### **ERNEST REEVES FOR CONGRESS**

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

**Connected Organization** 

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

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

Full Name

**ERNEST T. REEVES** 

Mailing Address

**425 CHELTENHAM DRIVE** 

**GREENVILLE** 

NC

27834

Title or Position

CITY

STATE

ZIP CODE

**CUSTODIAN OF RECORDS** 

Telephone number

252

751

6329

 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

**ERNEST TYRONE REEVES** 

of Treasurer

Mailing Address

**425 CHELTENHAM DRIVE** 

CITY

NC

27834

GREENVILLE

STATE

ZIP CODE

Title or Position
TREASURER

Telephone number

252

751

6329

Full	Name	of
Des	ignated	i
Age	nt	

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

 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.

### TRUIST BANK

Mailing Address

4424 CAPITAL BLVD

**RALEIGH** 

NC

27604

4315

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2022
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<u>)</u>
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FEC Form 1S (Revised 02/2017)

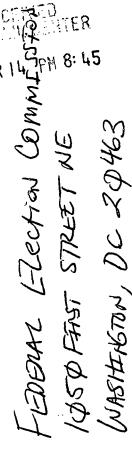
# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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<del></del>			
(h). Joint Fundraising Participant	<b>::</b>		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected Organization	n, Affiliated Committee, Joint	Fundraising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
Connected Organization	Affiliated Committee	oint Fundraising Represent	ative Leadership PAC S
B1			
Designated Agent: Identify by name, a	udress (prione number – opiid	na)	
Full Name			
Mailing Address			
Mailing Address			
	CITY <b>▲</b>	STATE ▲	ZIP CODE ▲
Mailing Address  TITLE OR POSITION ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	СПҮ ▲	STATE ▲ Telephone Number	ZIP CODE ▲
TITLE OR POSITION ▼  Banks or Other Depositories: List all	banks or other depositories in	Telephone Number	
TITLE OR POSITION ▼  Banks or Other Depositories: List all I safety deposit boxes or maintains funds  Name of Bank,	banks or other depositories in	Telephone Number	
TITLE OR POSITION ▼  Banks or Other Depositories: List all I safety deposit boxes or maintains funds	banks or other depositories in	Telephone Number	

ERNET F. REDAY
425 Cheltenhim Dirae
600000116, NC 27834 (GREENUEILE)





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(3/2015)

## 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. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** 03-10-2003 **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): BW5 03-14-2012 **PREPARER** DATE PREPARED