

FEC

RECEIVED  
FEC MAILCENTER  
2026 APR 21 AM 11:12

Assign a CFP Committee ID.

Proof of Service

4-14-2026 Deposited in Mail  
Forms 1 & 3.

Denise Michael Reed  
Candidate ID H6CA47106

FEC  
1050 First Street NE  
Washington DC 20463

NONPROFIT CORPORATION

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

2026 APR 21 AM 11:13

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

ADDRESS (number and street) 101 LOPALA #117
[ ] (Check if address is changed)
LAKE FOREST CA 92630
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
[ ] (Check if address is changed) LIBEREENS@YAHOO.COM
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
[ ] (Check if address is changed) https://BEE LIBERTARIAN.COM/DERRICK
MICHAEL-REID-FOR-CONGRESS-LIBERTARIAN-CA-47 DR

2. DATE 04 / 14 / 2026

3. FEC IDENTIFICATION NUMBER C

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 DERRICK MICHAEL REID

Signature of Treasurer Derrick Michael Reid Date 04 / 14 / 2026

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.

NONDISCRIMINATION NOTICE

5. TYPE OF COMMITTEE:

Candidate 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.)

Name of Candidate DERRICK MICHAEL REID

Candidate Party Affiliation LIB Office Sought:  House  Senate  President State  District 47

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 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 Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i)  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.
- (j)  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.

Committees Participating in Joint Fundraiser

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

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

NONPROFIT CORPORATION

Write or Type Committee Name

DERRICK MIKE REID

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

[Empty grid lines for organization name]

Mailing Address [Empty grid lines]

CITY STATE ZIP CODE

Relationship: [ ] Connected Organization [ ] Affiliated Organization [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

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 DERRICK MICHAEL REID

Mailing Address 101 LOPALA #117

LAKE FOREST CA 92630

CITY STATE ZIP CODE

Title or Position

TREASURER

Telephone number 949-793-0176

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 DERRICK MICHAEL REID

Mailing Address 101 LOPALA #117

LAKE FOREST CA 92630

CITY STATE ZIP CODE

Title or Position

TREASURER

Telephone number 949-793-0176

NONPROFIT ORGANIZATION

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

WELLS FARGO BANK

Mailing Address

26622 TOWN CENTRE DR.

[Grid for Mailing Address Line 2]

FOOTHILL RANCH CA 92610

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

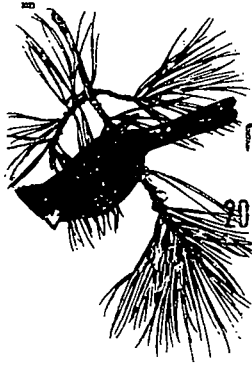
NONDISCRIMINATION COMPLAINT

101 Lopala #117  
Lake Forest CA 92630

FEC

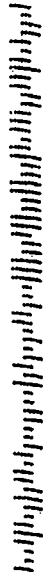
1050 First Street NE  
Washington DC 20463

Form 183



RECEIVED  
FEC MAIL CENTER

2012 APR 21 AM 11:12



NONDISCRIMINATION STATEMENT

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt <i>4/21/26</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date      Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>MWS</i>	<i>4/21/26</i>
PREPARER	DATE PREPARED

(4/2023)