

FEC FORM 1

STATEMENT OF ORGANIZATION

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2005 OCT 26 A 9:42

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF NICK REID

ADDRESS (number and street)

PO BOX 446

(Check if address is changed)

SUPERIOR

WI

54880

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@friendsofnickreid.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.friendsofnickreid.com

www.reidforcongress.com

COMMITTEE'S FAX NUMBER

2. DATE

10 20 2005

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

Nathan D. Thompson

Signature of Treasurer

Nathan D. Thompson

Date

10 20 2005

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.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

25036914928

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 NICHOLAS REID

Candidate Party Affiliation REP Office Sought: House Senate President State WI District 07

- (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

2505014909

Write or Type Committee Name

FRIENDS OF NICK REID

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 NATHAN D. THOMPSON

Mailing Address 4669 SOMBERG ROAD

SUPERIOR WI 54880

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

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 Nathan David Thompson

Mailing Address 4669 Somberg Rd

Superior WI 54880

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 715-399-8273

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

2503891499

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.

NATIONAL BANK OF COMMERCE

Mailing Address

1127 TOWER AVENUE

SUPERIOR WI 54880-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

SUPERIOR COMMUNITY CREDIT UNION

Mailing Address

2817 TOWER AVENUE

SUPERIOR WI 54880-

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

25036914932

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/26/05</i>
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Es
 PREPARER
 (3/2005)

10/26/05
 DATE PREPARED