

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

Office use only JUL 18 PM 12:05

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

FRIENDS OF MIKE LEE INC.

ADDRESS (number and street) 190 WEST 800 NORTH STE 100

(Check if address is changed) PROVO UT 84601

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) INFO@MIKELEE2010.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) LEEFORSENATE.COM

2. DATE 07 / 13 / 2011

3. FEC IDENTIFICATION NUMBER C C00473827

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 JAMES GILBERT

Signature of Treasurer Electronically Filed by JAMES GILBERT Date

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

11020280149

5. TYPE OF COMMITTEE (Check One)

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 MIKE LEE

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

- (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
- (f) 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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____	FEC ID number	<u>C</u> _____
2. _____	FEC ID number	<u>C</u> _____
3. _____	FEC ID number	<u>C</u> _____
4. _____	FEC ID number	<u>C</u> _____

11020280150

Write or Type Committee Name

FRIENDS OF MIKE LEE INC.

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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

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

JAMES GILBERT

Mailing Address

190 WEST 800 NORTH STE 100

PROVO

UT

84601 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number 801 - 377 - 5300

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

JAMES GILBERT

Mailing Address

190 WEST 800 NORTH STE 100

PROVO

UT

84601 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number 801 - 377 - 5300

11020280151

Full Name of Designated Agent

KIMBERLY WILLIAMS

Mailing Address

190 WEST 800 NORTH STE 100

PROVO

UT

84601 -

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number 801 - 377 - 5300

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.

ZIONS BANK

Mailing Address

111 NORTH 200 WEST

PROVO

UT

84601 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

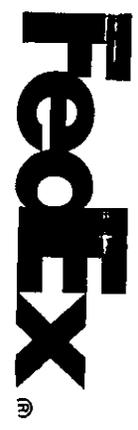
ZIP CODE

11020280152

States Senate
Post Office

United States Senate
Post Office

Post Office



For FedEx Express® Shipments

<https://www.fedex.com/st>

U. S. SENATE
TRACKING NUMBER



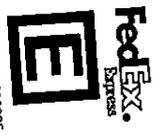
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Extre

From: (801) 377-5300
James Gilbert
GILBERT & STEWART
190 W. 800 N. STE. 100
PROVO, UT 84601

Origin ID: PVUA



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SHIP TO: (800) 424-9530
OFFICE OF PUBLIC RECORDS
SECRETARY OF THE SENATE
232 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510

BILL SENDER

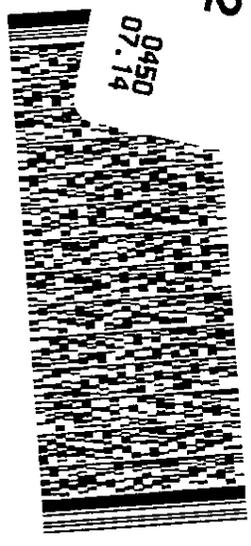
Ship Date: 13JUL11
ActWgt: 1.0 LB
CAD: 3084315/NET3180



Delivery Address Bar Code

Ref #
Invoice #
PO #
Dept #

RT 729 2
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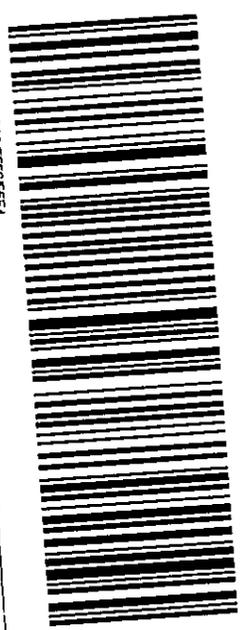
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THU - 14 JUL A2
STANDARD OVERNIGHT



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EST08202011

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>07-13-11</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 07-18-11

11020280154

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