

# NOTIFICATION OF MULTICANDIDATE STATUS

06/05/2002 12 : 59

( See reverse side for instructions )

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL Alex Lee, Inc. PAC		2. FEC IDENTIFICATION NUMBER C00371385
(b) Name and Street Address 120 4th Street SW		
(c) City, State and ZIP Code Hickory NC 28602		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

**4. STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on \_\_\_\_\_ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: \_\_\_\_\_

FEC Identification Number: \_\_\_\_\_

**5. STATUS BY QUALIFICATION:**

**(a) candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	RICHARD M BURR	House	NC 05	05/28/2002
(ii)	JOHN HOWARD COBLE	House	NC 06	05/28/2002
(iii)	ROBERT CANNON HAYES	House	NC 08	05/28/2002
(iv)	MIKE MCINTYRE	House	NC 07	05/28/2002
(v)	CHARLES H TAYLOR	House	NC 11	05/28/2002

**(b) Contributors:** The committee received a contribution from its 51st contributor on: 01/18/2002

**(c) Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 11/28/2001

**(d) Qualification:** The committee met the above requirements on: 05/28/2002

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 Ronald Knedlik	SIGNATURE OF TREASURER Electronically Filed by Ronald Knedlik	DATE 06/05/2002
---	---	--------------------

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.