

John Lewallen For Congress
Po box 455
Philo, CA 95466
707-895-2996 fax 707-895-3270
www.johnlewallenforcongress.org

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2012 APR -6 AM 11:28
FEC MAIL CENTER

March 29, 2012

To Whom it may concern,

I am afraid I got a little bit confused and may have either left these papers out of the original papers sent on March 23rd. or these are copies of the papers sent to the Elections Commission.

Either way, I am sending these along just to cover up a possible error.

My goodness, campaigning can get very exciting with so much going on.

Thank you for the work you do in D.C.

Best wishes,

Barbara Stephens

Barbara Stephens

Campaign manager for John Lewallen for Congress

707-895-2996

12030763761

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

John Lewallen for Congress Committee

ADDRESS (number and street)

P.O. Box 455

(Check if address
is changed)

Philo

CA

95466

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

johnlewallenforcongress@mcn.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.johnlewallenforcongress.org

2. DATE

03 / 23 / 2012

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

John J. Lewallen

Signature of Treasurer

Date

03 / 23 / 2012

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 02/2009)

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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 John Lewallen

Candidate Party Affiliation IND Office Sought: House Senate President State CA District 02

- (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.)

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> _____

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Write or Type Committee Name

John Lewallen for Congress Committee

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 for 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 John Julius Lewallen

Mailing Address P.O. Box 455

Philo CA 95466

Title or Position

CITY

STATE

ZIP CODE

candidate

Telephone number 707-895-2996

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 John Julius Lewallen

Mailing Address P.O. Box 455

Philo CA 95466

Title or Position

CITY

STATE

ZIP CODE

treasurer

Telephone number 707-895-2996

12030763764

Full Name of Designated Agent

Barbara Elisabeth Stephens

Mailing Address

P.O. Box, 455

Philo

CITY

CA

STATE

95466

ZIP CODE

Title or Position

campaign manager

Telephone number

707

895

2996

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.

Redwood Credit Union

Mailing Address

P.O. Box, 6104

Santa Rosa

CITY

CA

STATE

95406

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
3/29/12

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked


 PREPARER

4/6/12
 DATE PREPARED

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