FEC

STATEMENT OF

FORM 1	ORGANIZ	ATION		
1 Ottown 1	(See instruction	ons)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
L ALEX LEE INC	PAC			
ADDRESS (number and s	street) 120 4th Street SW			
(Check if address				
is changed)	Hickory		NC	28602 -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e	e-mail address)		
(Check if address is changed)	ron.knedlik@alexle	e.com 		
is changed)				
(Check if address is changed)	PAGE ADDRESS (URL)			
2. DATE 0 6	/ D D / Y Y Y Y Y 2011			
3. FEC IDENTIFICATION	TION NUMBER	C C00371385		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kn	owledge and belief it is true, correc	t and complete	
Type or Print Name of ⁻	Treasurer Mr. Ronald W. K	Knedlik		
Signature of Treasurer	Electronically Filed by Mr. Rona	ıld W. Knedlik	Date 06	23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information ma	ay subject the person signing this S		
Office Use Only		For further informati Federal Election Com Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)

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5.			OMMITTEE (Check One) 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 Candid							
	Candid Party /		Office Sought: House Senate President	State District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Candid							
	Party	Comn						
	(d)		(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Politic	cal Act	tion Committee (PAC):					
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:				
			X Corporation Corporation w/o Capital Stock	abor Organization				
			Membership Organization Trade Association	Cooperative				
	(f)	(f)	In addition, this committee is a Lobbyist/Registrant PAC.					
	(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party				
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
_								
	Joint F	undra	aising Representative:					
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
	(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					
			2. FEC ID number					
			3. FEC ID number					
			EEC ID number					

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Write or Type Committee Name								
ALEX LEE INC PAC								
6. Name of Any Connected Org	Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 120 4th Street SW							
Alex Lee, Inc.		Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 120 4th Street SW						
Mailing Address	120 4th Street SW							
	Hickory Hickory	NC NC	28602					
	CITY▲	STATE 🛕	ZIP CODE					
Relationship:								
X Connected Organization	Affiliated Committee Joint F	Fundraising Representative	Leadership PAC Sponsor					
possession of Committee	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name Mr. Roi	าald W. Knedlik							
Mailing Address	120th 4th Street SW							
	Hickory	NC	28602					
Title or Position ▼ Treasurer	CITY A	222	-					
	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 Mr. Ro	nald W. Knedlik							
Mailing Address	120th 4th Street SW							
	Hickory	NC	28602					
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A					
Treasurer		Telephone number 828	_ 725 _ 4494					

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Full Name of Designated Agent	f _	Mr. John B. Orgai	<u>n</u>				
Mailing Addr	ess .	120 4th \$	Street SW				
		Hickory			NC	28602 –	
Title or Position	▼		CITY A		STATE A	ZIP CODE	A
	Assistant T	reasurer		Telephone num	828	725	4444
	boxes or mainta Depository, etc Wachc						
Mailing Addres	ss	PO BOX 303900					
		Charlotte			NC	28256 _	3966
			CITY 🛕		STATE_	ZIP CODE	Δ
Name of Bank,	Depository, etc						
	Bank	of America, N.A.					
Mailing Addres	ss	PO Box 1091					
		Charlotte			NC	28254	3489
			CITY 🗖		STATE △	ZIP CODE	A