FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 JAN 30 PM 12: 55 FEC MAIL CENTER

				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
DOUG MCKEE FOR C	ONGRESS			
		111111		
ADDRESS (number and street)	POBOX8863	,	11111	
(Check if address is changed)	FORT MOHAVE		AZ L	86427
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS	S (Please provide only one	e-mail address)		
(Check if address	BIUIL L CRAI@IY	AYOOLCOMIIII		
(Check if address is changed)		1 1 1 1 1 1 1 1 1 1	1 1 1 1 1	
COMMITTEE MED DAGE ADD	DECC (UDI.)			
COMMITTEE'S WEB PAGE ADD	HESS (UHL) WWW.MCKEE4CQ	NGDESS COM		1
(Check if address is changed)	1	NONESS.COM		
•				
2. DATE 0.1 24	2.0.1.2			
3. FEC IDENTIFICATION NUM	MBER C	สมเด็จและการที่เลขา จะสุดทุกการการการที่ เพลงสมเด็จและการคู่สมเดล เลขาสุด		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined this	s Statement and to the be	est of my knowledge and belief i	t is true, correct a	nd complete.
Type or Print Name of Treasurer	Brandon Bull			•
Type of Frint Name of frequire			drameniačno rito i	ens. on envision the state of the Salah Sa
Signature of Treasurer			Date 0 1	2.5 2.0.1.2
NOTE: Submission of false, erroned		on may subject the person signing		ne penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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TYPE	OF C	COMMITTEE	
Can	didate	e Cemmitiae:	
(a)	X	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 information below.)	the candidate
Name Cand		MR. DOUGLAS MCKEE	
Cand Party	i dale Affiliati	ion REP Sought: H House Senate President	State A Z
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Lange or all transports
Name Cand	-		
Part	y Con	nmittee:	
(d)			ocratic, blican, etc.) Party.
Poli	tical A	Action Committee (PAC):	, , , , , , , , , , , , , , , , , , ,
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
		Corporation Wo Capital Stock Lab	or Organization
		Membership Organization Trade Association Cod	perative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ated fund or party
		In addition, this committee is a Lebbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	draising Representative:	
(g)	A KAN	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	e songeemme penous y genousery, mesen
	3.	FEC ID number C	
	4.		adaming fronter

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W	/rite or Type Committee Name)	
	DOUG MCKEE FOR CONG	GRESS	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	p PAC Sponsor
L	NONE	11111111111	<u> </u>
L			
	Mailing Address		<u> </u>
	-		
		CITY STATE Z	IP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Full Name BRAND	DON BULL	
	Mailing Address	3003 HIGHWAY 95	
		SUITE 21	
		BULLHEAD CITY AZ 86442	
	Title or Position	CITY STATE ZI	IP CODE
	TREASURER	Telephone number 928 763	4313
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name of Treasurer BRANDO	ON BULL, , , , , , , , , , , , , , , , , , ,	لىبىب
	Mailing Address	3003 HIGHWAY, 95	
		SUITE 21	لتتلبيا
		BULLHEAD AZ 86442 STATE ZI	P CODE
	Title or Position TREASURER	Telephone number 928 - 763	4313

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Full Name of Designated			1
Agent Lil			
Mailing Address			
		<u> </u>	
		_	
	CITY	STATE	ZIP CODE
Title or Position	1	. 1	
	Telephon	ne number	J- LJ
Mailing Address	CHASE		1
Walling Address	SUITE 900 BULLHEAD CITY	AZ	86442, , _ , , ,
Walling Address	SUITE 900		86442, ,] – , , , , , , , , , , , , , , , ,
Name of Bank, Deposito	BULLHEAD CITY CITY	STATE	ZIP CODE
Name of Bank, Deposito	SUITE 900 BULLHEAD CITY CITY Ory, etc.	STATE	ZIP CODE

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