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2009 DEC -1 PM 1: 49

FEC FORM 1	STATEMENT OF ORGANIZATION				Office Use Only	
1. NAME OF COMMITTEE (ir	n full)	, ,	Check if name changed)	Example:If typing, type over the lines.	12FE4N	15
THE PAC	, *		<u> </u>		<u> </u>	
<u> </u>	احسلط				<u> </u>	
ADDRESS (number a	nd street)	Po	BOX 43	7:1	<u> </u>	
(Check if a	ddress	<u> </u>		·	<u> </u>	<u></u>
is changed)	1	MOUNT EABLE		J √A	22303-0371	
COMMITTEE'S E-MA	VII ADDRI	=00	1	CITY	STATE	ZIP CODE
			TEDNAT	- / A. J.A. 1: . C.O. A.	A	
				<del>L</del> ; <del>_</del> <del>_</del>	<u>i - l - i - ' - i i</u>	
COMMITTEE'S WEB						1
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	ا السلام		<u> </u>	<u> </u>	<u>!</u>	
COMMITTEE'S FAX	NUMBER					
<u></u>	]	لــٰـــا				
2. DATE	2 0	i ži	609			
3. FEC IDENTIFIC	CATION N	IUMBER	. <b>C</b>			
4. IS THIS STATE	MENT \	NEW	(N) OR	AMENDED (A)		
I certify that I have e	examined t	this Statemer	nt and to the best	of my knowledge and belie	of it is true, corre	ect and complete.
Type or Print Name	of Treasure	er Rol	BERT	LEE	······································	
Signature of Treasure	er	Zok	et he	<u> </u>	Date Î	2 61 2009
NOTE: Submission of	false, error		•	may subject the person signir	-	to the penalties of 2 U.S.C. §437g.
Office				For further information		FEC FORM 1

1	Office Use			For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 12/2007)	ł	
EE3ANM2 PI	Only	 		<u></u>	Local 202-694-1100	(Neviseu 12/2007)	

FEC Form 1 (Revised 12/2007)	Page 2
TYPE OF COMMITTEE  Candidate Committee:	
$\gamma \sigma_{\ell}$	a balaw Y
(a) This committee is a principal campaign committee. (Complete the candidate information	i delow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	e. (Complete the candidate
Name of Candidate ROBERT LEE, I I I I I I I I I I I I I I I I I I	<del></del>
Candidate Party Affiliation  Office Sought: House Senate  Pres	State ident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	ittee.
Name of Candidate	! ! ! . !
Party Committee:	
(d) This committee is a NAT (National, State or subordinate) committee of the TN	(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) This committee supports/opposes more than one Federal candidate, and is NOT a septommittee. (i.e., nonconnected committee)	arate segregated fund or party
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 procee committees/organizations, at least one of which is an authorized committee of a federal can	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1. ROBERT LIEE FOR PRESIDE FEC ID number C	5
2. THE INDEPENDENCE PARTY FEC ID number C	
3. TIHE PAIC	The state of the s
4. FEC ID number. C	
5. FEC ID number C	· · · · · · · · · · · · · · · · · · ·

FEC Form 1 (Revised	12/2007)	Page <b>3</b>
Write or Type Committee Name	•	
6. Name of Any Connected C	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundra	Ising Representative
ROBERT LEE	FOR PRESIDENT	<u> </u>
THE THOEPEN	DENCE PARTY:	
Mailing Address	PO BOX 141317/11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
	MOUNT EAGLE: VA 2:	23 0 3 - 0 3 7 ( ) ZIP CODE
Relationship:		
Connected Organization	Affiliated Committee Leadership PAC Sponsor , Joint Fund	raising Representative
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in	possession of committee
Full Name	ERTI LEE.	
Mailing Address	[P.O. D. O.X. 14:3:7.1	
	MOUNT EAGLE VA 22	23.8.3 - 10.37 1
Title or Position	CITY STATE	ZIP CODE
PANDIDATE	TELEPHONE number 7:6:31-	19:1.5-B.4:181
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer Ro.B.	ERTILEE	
Mailing Address	P.O. BOX 4.3.71	
_	CITY STATE	2303-037 ZIP CODE
Title or Position  C.A.N.S. I.D.A.T.C.	TREASURER Telephone number 7.0.31-	945-3418
<b>'</b>		

9.

FEC Form 1 (Revise	ed 12/2007)		Page 4
Full Name of Designated Agent	ERT. LEE		
Mailing Address	P.D. BOX. 4.3.7.1		
		·   I J	
	MOUNT EAGLE	STATE	22303 - 037   ZIP CODE
Title or Position  CANDIDATE	Telephone n	umber 1	031-91151-13.418
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		littee deposits	funds, holds accounts, rents
12.AU.	Y FEDERAL CREDITE UN	10.N	<u> </u>
Mailing Address	PO BOX		
	<u> </u>		<u> </u>
	WIE HNA	VA	<u> </u>
	СІТҮ	STATE	ZIP CODE
Name of Bank, Depository,	etc.	<u> </u>	
<u></u>		<u> </u>	<u> </u>
Mailing Address	<u> </u>		
	<u> </u>	<u> </u>	<u> </u>
·····	CITY	STATE	ZIP CODE

(3/2005)

## **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. Date of Receipt Hand Delivered **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): **PREPARER** DATE PREPARED