Image# 201507079000060103	i			PAGE 1 / 5
FEC FORM 1	STATEME ORGANIZ			
			Offic	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
RI FE Group 20	016 FAIR SHKE P	PARTY		
ADDRESS (number and street	C/O P.O. BOX 962			
(Check if address				
is changed)	. WINTERHAVEN		CA9228	3
			STATE	
COMMITTEE'S E-MAIL ADE				
(Check if address is changed)	rleemiller@rocketmail.			
	Optional Second E-Mail Ad	Idress		
	macnight@rocketma	ail.com		
☐				
2. DATE 07	04 / Y Y Y Y 04 2015			
3. FEC IDENTIFICATION	NUMBER ► C	00580639		
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)		
certify that I have examine	d this Statement and to the best	t of my knowledge and belief	it is true, correct and c	complete.
Type or Print Name of Treas	urer RLEE GROUP Inc			
Signature of Treasurer	LEE GROUP Inc	[Electronically Filed]	Date 07	07 / Y Y Y Y 2015
NOTE: Submission of false, er	roneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing ION SHOULD BE REPORTED		enalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	sion	(Revised 06/2012)

07/07/2015 07 : 45

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	FE	EC For	m 1 (Revised 02/2009)	Page 2	
	TYPE OF COMMITTEE				
	Cand	idate	Committee:		
	(a)	\times	This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b)	b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name Candid		R Lee		
	Candid Party A		on Office Sought: House Senate X President	State	
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candid				
	Party	Com	mittee:		
	(d)			emocratic, publican, etc.) Party.	
	Politi	cal A	ction Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:	
			Corporation Corporation w/o Capital Stock	abor 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	Fund	raising Representative:		
	(g)		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.			
		2.	FEC ID number		
		3.	FEC ID number		
		4.	FEC ID number		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

RLEE Group 2016 FAIR SHKE PARTY

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N			
	Mailing Address		
		CITY	STATE ZIP CODE
	Relationship: Connected	Organization Affiliated Committee J	Joint Fundraising Representative Leadership PAC Sponsor
	Custodian of Records: Ident books and records.	ify by name, address (phone number opti	tional) and position of the person in possession of committee
	RLEE GRO Full Name	UP Inc	
	Mailing Address	C/O P.O. BOX 962	
		L	
	Title or Position	CITY	STATE ZIP CODE
			Telephone number
	Treasurer: List the name and any designated agent (e.g., as		treasurer of the committee; and the name and address of
	Full Name RLEE GRO of Treasurer		
	Mailing Address	C/O P.O. BOX 962	
			CA 92283
	Title or Position	CITY	STATE ZIP CODE
I			Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	RLEE GROUP Inc	
Mailing Address	SS P.O.BOX 962	
	WINTERHAVEN CA 92283	
	CITY STATE ZI	P CODE
Title or Position	n Telephone number	

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.

US	AA		
Mailing Address	10750 McDermott		
	San Antonio	TX 78	288
	CITY	STATE	ZIP CODE
Name of Bank, Deposi	tory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

tEMPORAY AT THIS TIME ...

Form/Schedule: Transaction ID: