

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

RECEIVED  
FEC MAIL CENTER

|                                                              |  |                                                                                                          |  |
|--------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| 1. (a) Name of Candidate (in full)<br><b>JAMES LEWIS LEE</b> |  | 2009 APR 20 A 10: 20                                                                                     |  |
| (b) Address (number and street)<br><b>P.O. BOX 458</b>       |  | <input type="checkbox"/> Check if address changed                                                        |  |
| (c) City, State, and ZIP Code<br><b>MAULDIN SC 29662</b>     |  | 2. Candidate's FEC Identification Number                                                                 |  |
| 4. Party Affiliation<br><b>REP</b>                           |  | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |  |
| 5. Office Sought<br><b>U.S. HOUSE</b>                        |  | 6. State & District of Candidate<br><b>SC 4</b>                                                          |  |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).  
(year of election) **PRIMARY**

NOTE: This designation should be filed with the appropriate office listed in the instructions.

|                                                                      |  |
|----------------------------------------------------------------------|--|
| (a) Name of Committee (in full)<br><b>LEE FOR CONGRESS COMMITTEE</b> |  |
| (b) Address (number and street)<br><b>2 BOUNTY COURT</b>             |  |
| (c) City, State, and ZIP Code<br><b>MAULDIN, SC 29662-3181</b>       |  |

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

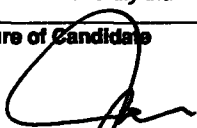
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

|                                               |  |
|-----------------------------------------------|--|
| (a) Name of Committee (in full)<br><b>N/A</b> |  |
| (b) Address (number and street)               |  |
| (c) City, State, and ZIP Code                 |  |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

|                                                                                                               |                         |
|---------------------------------------------------------------------------------------------------------------|-------------------------|
| Signature of Candidate<br> | Date<br><b>4/9/2009</b> |
|---------------------------------------------------------------------------------------------------------------|-------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

29030073181

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.

|                                         |                 |
|-----------------------------------------|-----------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
|-----------------------------------------|-----------------|

|                                                           |                       |
|-----------------------------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked<br>4/10/09 |
|-----------------------------------------------------------|-----------------------|

|                                                    |                  |
|----------------------------------------------------|------------------|
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
|----------------------------------------------------|------------------|

|                                                                                  |            |
|----------------------------------------------------------------------------------|------------|
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |            |

|                                            |            |
|--------------------------------------------|------------|
| <input type="checkbox"/> USPS Express Mail | Postmarked |
|--------------------------------------------|------------|

☐ Postmark Illegible

☐ No Postmark

|                                                                |               |
|----------------------------------------------------------------|---------------|
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery <input type="checkbox"/>            |               |

|                                                                            |                 |
|----------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
|----------------------------------------------------------------------------|-----------------|

|                                                                     |                 |
|---------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
|---------------------------------------------------------------------|-----------------|

|                                                                 |                 |
|-----------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
|-----------------------------------------------------------------|-----------------|

|                                           |                               |
|-------------------------------------------|-------------------------------|
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|-------------------------------------------|-------------------------------|

*Jmb*

PREPARER

(3/2005)

4/20/09

DATE PREPARED

29030073182