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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

DIANE LENNING for CONGRESS 39th

ADDRESS (number and street) 9616 HERON CIRCLE

(Check if address is changed)

SEAL BEACH CA 90740-

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

INFO@VOTE4DIANE.com

DIANE@LENNING.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.VOTE4DIANE.com

COMMITTEE'S FAX NUMBER

562-430-7503

2. DATE 03 / 13 / 2008

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer BRENDA CRUZ

Signature of Treasurer [signature] Date 03 / 13 / 2008

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

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5. TYPE OF COMMITTEE

Candidate Committee:

(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 the candidate information below.)

Name of Candidate: DIANE A LENNING

Candidate Party Affiliation: REP

Office Sought: [X] House [ ] Senate [ ] President

State: CA

District: 39

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

Party Committee:

(d) [ ] This committee is a _____ (National, State or subordinate) committee of the _____ (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 separate segregated fund or party committee. (i.e., nonconnected committee)

[ ] 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 proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(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 C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

5. _____ FEC ID number C

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Write or Type Committee Name

DIANE LENNING for CONGRESS 39th DISTRICT

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

NONE

Mailing Address

CITY STATE ZIP CODE

Relationship:

Connected Organization | Affiliated Committee | Leadership PAC Sponsor | Joint Fundraising Representative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name DIANE LENNING

Mailing Address 966 HERON CIRCLE

SEAL BEACH CA 90740-

CITY STATE ZIP CODE

Title or Position

CANDIDATE

Telephone number 562-596-4825

8. 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 BRENDA CRUZ 4 DESIGNATED AGENTS

Mailing Address 2612 DEERFORD ST

LAKEWOOD CA 90712-

CITY STATE ZIP CODE

Title or Position

TREASURER

Telephone number 562-428-4197

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Lemming for Congress

Full Name of Designated Agent: GERALD LENNING

Mailing Address: 13924 SEAL BEACH BLVD C

SEAL BEACH | CA | 90740-

CITY | STATE | ZIP CODE

Title or Position: ASSISTANT TREASURER

Telephone number: 562-594-9729

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.

EAST WEST BANK

Mailing Address: 11812 E SOUTH STREET

CERRITOS | CA | 90703-

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY | STATE | ZIP CODE

28039554324

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Full Name of Designated Agent: DIANE A LENNING

Mailing Address: 13924 SEAL BEACH BLVD C

SEAL BEACH CA 90740-

CITY STATE ZIP CODE

Title or Position: ASSISTANT TREASURER

Telephone number: 562-596-4825

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.

Mailing Address

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

28036543525

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Full Name of Designated Agent: PHILLIP D BLAKE

Mailing Address: 10754 NATIONAL BLVD

LOS ANGELES | CA | 90064-

CITY | STATE | ZIP CODE

Title or Position: CAMPAIGN ADVISOR

Telephone number: 310-279-2129

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.

Mailing Address

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY | STATE | ZIP CODE

28039654326

Lemming

Full Name of Designated Agent: ELAINE MCKEARN

Mailing Address: 1106 MARIAN AVE

THOUSAND OAKS | CA | 91360-2162
CITY | STATE | ZIP CODE

Title or Position: CAMPAIGN ASSISTANT

Telephone number: 805-493-4155

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.

Mailing Address

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY | STATE | ZIP CODE

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Federal Election Commission

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☐ Postmark Illegible	
☐ No Postmark	
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N/A PREPARER	N/A DATE PREPARED

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