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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Lee, Albert, , Mr.,					100 111			
) Address (number and street) PO Box 80778 ** Check if address changed					Candidate's FEC Identification Number H0OR03125			
	(c) City, State, and ZIP Code							mended	
	Portland		OF	9728	0	Statement (N	l) OR x (/	A)	
4.	Party Affiliation	5. Office Soug	ht		1	rict of Candidate			
	DEMOCRATIC PARTY	House			OR	03			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s). (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Name of Committee (in full) ALBERT LEE FOR CONGRESS									
	(b) Address (number and street) PO BOX 80778								
	(c) City, State, and ZIP Code								
	PORTLAND				OR	97280			
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)									
(b) Address (number and street)									
(c) City, State, and ZIP Code									
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct	and complete.	'	
Si	Signature of Candidate Date								
	ee, Albert, , Mr.,	gg				05/28/2019			
				[Elec	tronically Filed]	03/20/2019			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
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FEC FORM 2 (REV. 02/2009)