

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER

2004 APR 13 04 11:06

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 1238435

CONRAD LEE FOR CONGRESS

ADDRESS (number and street) 4409 138TH AVENUE SE

(Check if address is changed) BELLEVUE WA 98006

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.CONRADLEE.ORG

COMMITTEE'S FAX NUMBER

251-747-0168

2. DATE 04 03 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT 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 JULIE Y. PAI

Signature of Treasurer [Handwritten Signature] Date 04 10 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497c. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (a) 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: CONRAD LEE

Candidate Party Affiliation: REP Office Sought: House Senate President State: District: 08

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

Name of Candidate:

(d) This committee is a (National, State or subcommittee) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

[Blank lines for organization name]

Mailing Address

[Blank lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

CONRAD LEE FOR CONGRESS

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

JULIE Y. PAI

Mailing Address

2414 332 AVENUE SE

SAMMAMUSH WA 98075

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

(425)-842-9563

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

JULIE Y. PAI

Mailing Address

2414 332 AVENUE SE

SAMMAMUSH WA 98075

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

(425)-842-9563

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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.

Bank of America

Mailing Address

17727 SE 38 Avenue

BELLEVILLE

MA

01821

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>QMD</i> PREPARER	<i>4-15-04</i> DATE PREPARED

(2/2004)