

FEC FORM 1

STATEMENT OF ORGANIZATION

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2006 JUN 12 A 8:20

Office Use Only

1. NAME OF COMMITTEE (In full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Tammy Lee for Congress

ADDRESS (number and street)

8014 Olson Memorial Hwy #612



(Check if address is changed)

Golden Valley

MN

55427

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

getactive@tammyleeforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.tammyleeforcongress.com

COMMITTEE'S FAX NUMBER

763-540-0041

2. DATE



3. FEC IDENTIFICATION NUMBER ▶

C00424549

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

GEORGE W. SOULE

Signature of Treasurer

George W. Soule

Date



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 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

2603909470

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 Tammy Lee

Candidate Party Affiliation Ind Office Sought House Senate President State MN District 05

- (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 subordinate) 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

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

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Write or Type Committee Name

Tammy 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 Tammy Louise Lee

Mailing Address 2150 Decatur Ave N

Golden Valley MN 55427

Title or Position CITY STATE ZIP CODE

Candidate Telephone number 763-540-0041

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 GEORGE W SOULE

Mailing Address 8014 Olson Memorial Hwy #612

Golden Valley MN 55427

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 612-672-3251

Full Name of Designated Agent Travis Michael Lee

Mailing Address 8014 Olson Memorial Hwy #612

Golden Valley MN 55427

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 651-216-8658

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8. 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.

Wells Fargo Bank

Mailing Address

Ridgedale Office

Po Box B 514

Minneapolis MN 55479

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> 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

ER
 PREPARER
 (3/2005)

6/12/06
 DATE PREPARED

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