

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Lee, Susie, , ,		2. Candidate's FEC Identification Number H6NV04020	
(b) Address (number and street) 5130 S Fort Apache Rd Ste 215-382		□ Check if address changed	
(c) City, State, and ZIP Code Las Vegas		3. Is This Statement New (N) <input type="checkbox"/> OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NV 03	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) <b>Susie Lee for Congress</b>	
(b) Address (number and street) 5130 S Fort Apache Rd Ste 215-382	
(c) City, State, and ZIP Code Las Vegas NV 89148	

### 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>SUSIE LEE VICTORY FUND 2024</b>	
(b) Address (number and street) 5130 S FORT APACHE RD STE 215-382	
(c) City, State, and ZIP Code LAS VEGAS NV 89148	

*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 Lee, Susie, , ,	Date 12/31/2025
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**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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(a) Name of Committee (in full)

**DEMOCRACY SUMMER 2026**

(b) Address (number and street)

600 PENNSYLVANIA AVE SE #15180

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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)

**FRONTLINE PROTECTION FUND**

(b) Address (number and street)

PO BOX 65322

(c) City, State, and ZIP Code

WASHINGTON

DC

20035

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)

**JEFFRIES BATTLEGROUND PROTECTION FUND**

(b) Address (number and street)

430 SOUTH CAPITOL STREET SE

2ND FLOOR

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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(a) Name of Committee (in full)

**SEEC VICTORY FUND**

(b) Address (number and street)

ONE PARK ROW, 5TH FLOOR

(c) City, State, and ZIP Code

PROVIDENCE

RI

02903

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

**ARTICLE ONE VICTORY**

(b) Address (number and street)

1032 15TH STREET NW  
SUITE 247

(c) City, State, and ZIP Code

WASHINGTON

DC

20005

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.

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