

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

John Lee for Congress

ADDRESS (number and street)

P.O. Box 750962

(Check if address is changed)

Las Vegas

NV

89136

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

info@votejohnlee.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.votejohnlee.com

2. DATE

08 / 11 / 2011

3. FEC IDENTIFICATION NUMBER

C C00500827

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

Ryann Juden

Signature of Treasurer

Electronically Filed by Ryann Juden

Date

09 / 14 / 2011

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 02/2009)

Write or Type Committee Name

John Lee for Congress

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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

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

Mailing Address

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

_____ - _____ - _____

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

Ryann Patrick-Shell Juden

Mailing Address

8160 North Torrey Pines

_____ **Campaign Manager** _____ **NV** _____ **89131** - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Campaign Manager

Telephone number

702 - **569** - **2333**

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.

Wells Fargo

Mailing Address

6975 Aliante Pkwy

North Las Vegas

NV

89084

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Bank of America

Mailing Address

901 S. Rancho Drive

Las Vegas

NV

89106

CITY ▲

STATE ▲

ZIP CODE ▲