

RECEIVED
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April 10, 2020

2020 JUN 25 AM 10:26

To whom it may concern,

May this note find you and all of your staff
healthy, happy and well.

Please accept the enclosed documents
and process. I await your reply.

Best regards
LJ Perry Gray

John Perry

FEC FORM 1

STATEMENT OF ORGANIZATION

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2020 JUN 26 AM 9:24

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
L. A. PERRY FOR CONGRESS

ADDRESS (number and street) 909 Via Stellato Street
 (Check if address is changed)
HENDERSON CITY ▲ WY STATE ▲ 89211 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) LAPERRYFORCONGRESS@gmail.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 03 / 26 / 2020

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 Lisa Ann Perry VanGreny
Signature of Treasurer *Lisa Ann Perry VanGreny* Date 03 / 26 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

11-01-BINGO-ING-01N-00-0000

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 LISA ANN PERRY VAN GRAY

Candidate Party Affiliation DEM Office Sought: House Senate President State NY District 16

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
2.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
3.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
4.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____

ORIGINAL FILED IN: 104-CR-100-1000

Write or Type Committee Name

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

Empty grid lines for organization name

Mailing Address

Empty grid lines for 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

LISA ANN PERRY VAN GRAY

Mailing Address

1909 VIA STELLATO STREET
HENDERSON

Title or Position

CITY

STATE

ZIP CODE

ADMINISTRATOR

Telephone number

301-310-1961

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

LISA ANN PERRY VAN GRAY

Mailing Address

1909 VIA STELLATO STREET
HENDERSON

Title or Position

CITY

STATE

ZIP CODE

DESIGNATED AGENT

Telephone number

301-310-1961

1-800-438-8486

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K A Perry
909 VA STEWART STREET
HENDERSON, NV 89011

PAYMENT BY ACCOUNT (if applicable)
USPS Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer is requiring the addressee's signature. OR 2) Purchases additional insurance. OR 3) Purchases COD service. OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Salvage delivery (delivered next business day)
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*Refer to USPS.com or local Post Office™ for availability.

TO: (Please print)
Electronics Commission
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WASHINGTON DC 20002
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■ For pickup or USPS Tracking™, visit usps.com or call 800-222-1811.
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EK 983210185 US



**PRIORITY
MAIL
EXPRESS**

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	Insurance Fee	COD Fee
89015	4-13-20	\$	\$	\$
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Return Receipt Fee	Live Airmail Transport	
4-10-20	10:30 AM - 3:00 PM	\$	\$	
Time Assigned	10:30 AM Delivery Fee	Total Postage & Fees		
4:05	\$	26.35		
Weight	Sunday/Holiday Premium Fee			
0.3	\$			
Mail Rate	Acceptance Employee Index			
03	\$			

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
Delivery Attempt (MM/DD/YY)	Time	Employee Signature

LABEL 11-8, JANUARY 2014 PSN 7890-02-000-9895 1-ORIGIN POST OFFICE

POSTAGE PAID
2-DAY
HENDERSON, NV
APR 10 20
AMOUNT
\$26.35
R2304M116593-11



1007

20002

EP13F Oct 2018
OD: 12/1/2 X 9/1/2



This is

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 4/10/20
<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

PREPARER *SPM* 8/19/20
 (3/2015) DATE PREPARED

2020-08-19 10:10:10 AM