FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | | (See instruction | | N | | | | | 04 | <i>t</i> : | h. | | | |
|---|---|----------------------------|-----------|--|------------------------|----------|-------|----------|------------|----------------|------------------|--------|------------------|----------|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Exar | nple: If typy the lines | ing, type | | 12F | E4M | | fice use o | only | | | _ |
| Tim Bee for C | ongress | | | <u> </u> | | | ш | | | | | ш | | Ш |
| | <u> </u> | | | | | | | | | | 1 1 | ш | | Ш |
| ADDRESS (number and | street) P.O. | Box 31985 | | | | | ш | | ш | | | ш | 1 | Ш |
| (Check if addr is changed) | ress Tucs | on | | | | . | L AZ | <u> </u> | <u></u> | 857 | 751 _– | щ Щ | 1 | ப ப |
| 001111111111111111111111111111111111111 | W ADDD500 | | CITY | | | , | STATI | _ | | Z | IP COE |)E 📥 | | |
| committee's e-ma info@timbee.c | | | | | | | | | | | | | | |
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| | | | | ШШ | | | ш | ш | | | | — | | Ц |
| COMMITTEE'S WEB | | RL) | | | | | | | | | | | | |
| www.timbee.d | com <u> </u> | | | | | | ш | ш | | | | ш | | Ш |
| | | | | | | | | | | | | ш | | Ш |
| COMMITTEE'S FAX N | NUMBER | | | | | | | | | | | | | |
| با لبنا | سيا لي | ل | | | | | | | | | | | | |
| 2. DATE 0.8 | M / D D / Y | 2007 [°] | | | | | | | | | | | | |
| 3. FEC IDENTIFICA | ATION NUMBER | C | Coo | 438408 | | | | | | | | | | |
| 4. IS THIS STATEM | MENT X NEW | / (N) OR | | AMEN | IDED (A) | | | | | | | | | |
| I certify that I have exam | ined this Statement and | to the best of my know | vledge an | d belief it is t | rue, correc | ct and | compl | ete | | | | | | _ |
| Type or Print Name of | Treasurer | David Katsel | | | | | | | | | | | | |
| Signature of Treasurer | Electronically File | d by David Kats | el | | | D | ate | 0 | 8 / | ^D 2 | 6 / | Y Y | 0 [°] 0 | 8 |
| NOTE: Submission of fa | | nplete information may | | | | | | | | of 2 U.S | S.C. S4 | 37g. | | |
| Office Use Only | | | | For further Federal Ele Toll Free 80 | ction Com 0-424-953 | missic | | | | | FOI | | 1 | _ |

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|----|----------------------|--|---|
| 5. | TYPE OF C | OMMITTEE (Check One) | |
| | Candidate (| Committee: | |
| | (a) X | 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 t information below.) | he candidate |
| | Name of Candidate | Timothy S. Bee | |
| | Candidate | Office | State AZ |
| | Party Affiliat | PED V V | District 08 |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | | |
| | Party Comr | nittee: | |
| | (d) | (National, State This committee is a (or subordinate) committee of the | (Democratic, Republican,etc.) Party. |
| | Political Ac | tion Committee (PAC): | |
| | (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | d organization is a: |
| | | Corporation Corporation w/o Capital Stock La | bor Organization |
| | | Membership Organization Trade Association Co | ooperative |
| | (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee) | d fund or party |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| | Joint Fundr | aising Representative: | |
| | (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political |
| | (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political |
| | Com | nmittees Participating in Joint Fundraiser | |
| | | 1. FEC ID number | |
| | | 2. FEC ID number | |
| | | 3. FEC ID number | |
| | | 4. FEC ID number C | |
| | | FEC ID number C | |

| Write or Type Committee Name Tim Bee for Congress 6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Repres Tim Bee Arizona Trust Mailing Address 228 S Washington St., Ste. 115 Alexandria CITY STATE STATE ZIP Relationship: Connected Organization Affiliated Committee Leadership PAC Sponsor X Joint Fundraising 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person if possession of Committee books and records. Full Name Mailing Address P.O. Box 31985 Tucson AZ 85751 | CODE A |
|---|-------------------|
| 6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Repres Tim Bee Arizona Trust Mailing Address 228 S Washington St., Ste. 115 CITY STATE TIP Relationship: Connected Organization Affiliated Committee Leadership PAC Sponsor Total State Leadership PAC Sponsor Total State Affiliated Committee Connected Organization Affiliated Committee POSSESSION of Committee books and records. Full Name Mailing Address P.O. Box 31985 | CODE A |
| Tim Bee Arizona Trust Mailing Address 228 S Washington St., Ste. 115 Alexandria CITY STATE ZIP Relationship: Connected Organization Affiliated Committee Leadership PAC Sponsor X Joint Fundraising 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person if possession of Committee books and records. Full Name Mailing Address P.O. Box 31985 | CODE A |
| Alexandria CITY STATE CITY Relationship: Connected Organization Affiliated Committee Leadership PAC Sponsor X Joint Fundraising 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person is possession of Committee books and records. Full Name David Katsel Mailing Address P.O. Box 31985 | CODE A |
| Alexandria CITY STATE ZIP Relationship: Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person is possession of Committee books and records. Full Name Mailing Address P.O. Box 31985 | CODE A |
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| Connected Organization Affiliated Committee Leadership PAC Sponsor X Joint Fundraising 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person is possession of Committee books and records. Full Name Mailing Address P.O. Box 31985 | Representative |
| 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person i possession of Committee books and records. Full Name Mailing Address P.O. Box 31985 | Representative |
| possession of Committee books and records. Full Name P.O. Box 31985 | |
| | |
| | |
| Title or Position ▼ CITY A STATE A ZIP Treasurer Telephone number 520 - 979 | CODE 14 _ 8667 |
| 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and to name and address of any designated agent (e.g., assistant treasurer). Full Name | ne |
| of Treasurer David Katsel | |
| Mailing Address P.O. Box 31985 | |
| | |
| Title or Position ♥ CITY A STATE A ZIF | |
| Treasurer Telephone number 520 _ 979 | CODE 4 |

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|---|------------------------|-----------------------------|--------------------|
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| Title or Position ▼ | CITY A | STATE A | ZIP CODE A |
| | Teleph | none number | |
| 9. Banks or Other Deposafety deposit boxes of | or maintains funds. | mmittee deposits funds, hol | ds accounts, rents |
| Name of Bank, Depos | sitory, etc. | | |
| | Compass Bank | | |
| Mailing Address | 7000 North Oracle Road | | |
| | | | |
| | Tucson | AZ | 85704 _ [|
| | CITY 🛕 | STATE △ | ZIP CODE 🛕 |
| Name of Bank, Depos | sitory, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🛕 | STATE ▲ | ZIP CODE 🛕 |