

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 FEB -3 A 9:42

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Rebellion for Congress

ADDRESS (number and street)

P.O. Box 12922



(Check if address
is changed)

Tucson

AZ

85732-12922

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@mi.kchellion.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.mikchellion.com

COMMITTEE'S FAX NUMBER

520-844-1698

2. DATE

01/31/2006

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

Angela B. Julien

Signature of Treasurer

Angela B. Julien

Date

01/30/2006

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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE3AN012.PDF

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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

Mike Helton

Candidate Party Affiliation

Rep

Office Sought:

☒

House

☐

Senate

☐

President

State

A2

District

08

- (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

Write or Type Committee Name

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

George Gabbie

Mailing Address

P.O. Box 12922

Tucson

AZ

85732-12922

Title or Position

CITY

STATE

ZIP CODE

Coordinator

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

Angela B. Julian

Mailing Address

P.O. Box 12922

Tucson

AZ

85732-12922

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

Full Name of
Designated
Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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.

Compass Bank

Mailing Address

5045 E. Broadway Blvd.

Tucson

AZ

85711-1

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

TRANSMISSION VERIFICATION REPORT

TIME : 01/31/2006 09:02

DATE, TIME	01/31 09:01
FAX NO./NAME	2971302
DURATION	00:01:30
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Federal Election Commission
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Sei
PREPARER
(3/2005)

2/3/06
DATE PREPARED

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