

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
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OPERATIONS CENTER

2006 APR -4 A 7 41

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: if typing, type
over the lines.

12FE4M5

TIM BARNWELL FOR U.S. CONGRESS

ADDRESS (number and street)

P.O. BOX 1166

(Check if address
is changed)

INDENTON

TX

76202-1166

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

elect@barnwellforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

barnwellforcongress.com

COMMITTEE'S FAX NUMBER

940-365-0107

2. DATE

03

30

2006

3. FEC IDENTIFICATION NUMBER ▶

H6TX26060

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

WAYNE A. PETERSON

Signature of Treasurer

Date

03

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

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

FEC FORM 1
(Revised 02/2003)

26039023468

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 TIMOTHY R. BARNWELL

Candidate Party Affiliation DEM Office Sought: House Senate President State TX District 26

- (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

20030825469

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 BEVERLY BARNWELL

Mailing Address 9835 WALNUT HILL DRIVE

PROVIDENCE VILLAGE TX 76227-1545

Title or Position CITY STATE ZIP CODE

MANAGER OF CAMPAIGN

Telephone number 214-394-0761

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 WAYNE A. PETERSON

Mailing Address P.O. BOX 2750

GRAPEVINE

GRAPEVINE TX 76099

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 817-684-8600

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26039023470

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

11013 W UNIVERSITY

DENTON

TX

76202

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26059023471

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.

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<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

Jer
 PREPARER
 (3/2005)

4/4/06
 DATE PREPARED

26039023472