

**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

TIM SULTAN FOR CONGRESS

ADDRESS (Home and street)

2509 N CAMPBELL AVENUE #211

(Check if address is changed)

TUCSON

AZ

85719

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Info@timsultanforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.timsultanforcongress.com

COMMITTEE'S FAX NUMBER

5208228971

2. DATE M M / D D / Y Y Y Y
08 / 16 / 2004

3. FEC IDENTIFICATION NUMBER C C00401265

4. IS THIS STATEMENT X 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 Judy Nagle

Signature of Treasurer Electronically Filed by Judy Nagle

Date M M / D D / Y Y Y Y
08 / 16 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100**FEC FORM 1**
(Revised 02/2003)

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

TIM SULTAN

Candidate
Party Affiliation

DEM

Office
Sought:☒

House

Senate

President

State

AZ

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

TIM SULTAN FOR CONGRESS

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 Judy Nagle

Mailing Address 5473 N. Fort Yuma Trail

Tucson AZ 85750 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 520 - 577 - 8756

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 Judy Nagle

Mailing Address 5473 N. Fort Yuma Trail

Tucson AZ 85750 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 520 - 577 - 8756

Full Name of
Designated
Agent T. H. Sultan

Mailing Address 2020 N. Fennimore Ave.

Tucson AZ 85749 -

Title or Position ▼ Asst. Treas CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 520 - 325 - 4480

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.

Bank One

Mailing Address

2465 N. Campbell Ave.

TUCSON

AZ

85719

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CITY

STATE 4

ZIP CODE