

**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
Kolbe For Congress

ADDRESS (Home or street) (Check if address is changed)
P O Box 31568
Tucson **AZ** **85751**
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
Info@jimkolbe.org

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.jimkolbe.org

COMMITTEE'S FAX NUMBER

2. DATE ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
12 / 23 / 2004

3. FEC IDENTIFICATION NUMBER **C C00144857**

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 **William H. Kelley**

Signature of Treasurer Electronically Filed by **William H. Kelley** Date ^M ^M / ^D ^N / ^Y ^Y ^Y ^Y
12 / 23 / 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

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 Jim Kolbe

Candidate Party Affiliation **REP** Office Sought: House Senate President State **AZ** District **6**

- (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

Kolbe 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 Julie Katsel/The Gusto Group

Mailing Address 3480 North Avenida Albor

Tucson AZ 85745 -

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

Telephone number 520 - 743 - 4786

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 William H Kelley

Mailing Address P.O. Box 31568

Tucson AZ 85751 -

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

Telephone number 520 - 577 - 0200

Full Name of Designated Agent Julie Katsel

Mailing Address 3480 North Avenida Albor

Tucson AZ 85745 -

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

Telephone number 520 - 743 - 4786

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

P.O. Box 52180

Phoenix

AZ

85072

CITY Δ

STATE Δ

ZIP CODE Δ