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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Committee to Elect Tim Geist for Congress 12800 SUMMIT RIDGE DR ADDRESS (number and street) (Check if address is changed) **NEVADA CITY** 95959 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TimGeist@electTimGeist.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2022 C00804716 FEC IDENTIFICATION NUMBER > 3. X 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. Geist, Timothy, David, , Type or Print Name of Treasurer Geist, Timothy, David,, [Electronically Filed] 02 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

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		OMMITTEE • Committee:	
(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. (Con information below.)	nplete the candidate
Name Candi		Geist, Timothy, David, ,	
Candi Party	date Affiliatio	on REP Office Sought: * House Senate President	State CA District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.		

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Write or Type Committee Nan		3
Committee to I	Elect Tim Geist for Congress	
	Organization, Affiliated Committee, Joint Fundraising Representativ	/e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Represer	ntative Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the	person in possession of committee
Geist, Ti	mothy, David, ,	
Mailing Address	12800 SUMMIT RIDGE DR	
Mailing Address		
	NEVADA CITY CA	95959
Title or Position	CITY STATE	ZIP CODE
Candidate	Telephone number	805 319 9768
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	ee; and the name and address of
Full Name Geist, Tir of Treasurer	mothy, David, ,	
Mailing Address	12800 SUMMIT RIDGE DR	
	NEVADA CITY CA	95959
Title or Position	CITY STATE	ZIP CODE
	Telephone number	805 319 9768

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Full Name of Designated Agent	<u> </u>	
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		. 1 1
	Telephone number	
Name of Bank, [Depository, etc.	
Name of Bank, [Depository, etc. Bank of America 2885 Bell Rd. Auburn CA 95603	ZIP CODE
Name of Bank, [Depository, etc. Bank of America 2885 Bell Rd. Auburn CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. Bank of America 2885 Bell Rd. Auburn CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. Bank of America 2885 Bell Rd. Auburn CITY STATE	ZIP CODE
Name of Bank, [Depository, etc. Bank of America 2885 Bell Rd. Auburn CITY STATE	ZIP CODE
Name of Bank, [Depository, etc. Bank of America 2885 Bell Rd. Auburn CITY STATE	ZIP CODE