

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

People For Elvin Dowling

ADDRESS (number and street)

1905 W.Blue Heron Blvd.

(Check if address is changed)

P.O. Box 10725

Riviera Beach

FL

33404

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

peopleforelwindowling@gmail.com

Optional Second E-Mail Address
elwindowling@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.DowlingForThePeople.com

2. DATE

MM / DD / YYYY
04 / 11 / 2021

3. FEC IDENTIFICATION NUMBER ▶

C C00776518

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 Dowling, Elvin, , ,

Signature of Treasurer

Dowling, Elvin, , ,

[Electronically Filed]

Date

MM / DD / YYYY
09 / 28 / 2021

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 06/2012)

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate Dowling, Elvin, , ,

Candidate Party Affiliation DEM Office Sought: House Senate President State FL District 20

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

People For Elvin Dowling

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Elvin Dowling For Congress

Mailing Address 1905 W. Blue Heron Blvd.
P.O. Box 10725
Riviera Beach FL 33404
CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Dowling, Elvin, , ,
Mailing Address 17994 SW 35th Street
Miramar FL 33029
CITY STATE ZIP CODE
Title or Position
Treasurer Telephone number 917 - 567 - 5626

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 Dowling, Elvin, , ,
Mailing Address 17994 SW 35th Street
Miramar FL 33029
CITY STATE ZIP CODE
Title or Position
Treasurer Telephone number 917 - 567 - 5626

Full Name of Designated Agent | Santana-Dowling, Yadira, , ,

Mailing Address | 17994 SW 35th Street
|
| Miramar | FL | 33029 | - |
| CITY | STATE | ZIP CODE

Title or Position | Telephone number | 917 | - | 449 | - | 0991

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.

| PNC Bank, National Association

Mailing Address | 14495 Miramar Parkway
|
| Miramar | FL | 33027 | - |
| CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address |
|
| CITY | STATE | ZIP CODE