

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

BILL BUNCH FOR CONGRESS

ADDRESS (number and street)

PO BOX 901

(Check if address
is changed)

TAZEWELL

CITY ▲

VA

STATE ▲

24651

0901

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

billbunch4congress@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

billbunch4congress.com

2. DATE

1/11/2016

3. FEC IDENTIFICATION NUMBER ►

C

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

Meletha Robin McLann

Signature of Treasurer

Meletha Robin McLann

Date

01/11/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

FEC FORM 1
(Revised 06/2012)

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

BILL BUNCH 4 CONGRESS

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

Mailing Address

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

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

Mailing Address

Title or Position

TREASURER

Telephone number

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

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BILL BUNCH FOR CONGRESS
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Tazewell VA 24651-0901

PAYMENT BY ACCOUNT (if applicable)

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FEDERAL ELECTION COMMISSION
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24651	1-13-2016	Insurance Fee	\$ 19.99
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	COD Fee	\$
1-11-2016	10:30 AM ☐ 3:00 PM ☐ 12:00 NOON ☒	Return Receipt Fee	\$
Time Accepted	18:30 AM Delivery Fee	Live Animal Transportation Fee	\$
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oz. 0.25			
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Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature	

LABEL 11-18, JANUARY 2014 PSN 7690-02-000-9898

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PREPARER

1/13/16
DATE PREPARED