

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

AUG 2 10 11 AM '01

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

THE CAMPAIGN TO ELECT BILL WILLIAMS

ADDRESS (number and street)

51 CHELSEA ROAD

(Check if address
is changed)

BELLA VILISTA

AR

72714

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E MAIL ADDRESS

COMMITTEE@SEEBILIRUN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SEEBILIRUN.COM

2. DATE

07 29 2001

3. FEC IDENTIFICATION NUMBER ▶

C

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

Theresa L. Boerm

Signature of Treasurer

Theresa L. Boerm

Date

07 29 2001

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 202-694-1103

FEC FORM 1
(Revised 1/01)

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 WORMAN, F. WILLIAM, JR.

Candidate Party Affiliation DEM Office Sought: House Senate President State AR District 03

- (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
 - Membership Organization
 - Corporation w/o Capital Stock
 - Trade Association
 - Labor Organization
 - Cooperative

Write or Type Committee Name

CAMPAIGN TO ELECT BILL WILLIAMS

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 BEVERLY D WILLIAMS

Mailing Address 11 CHELSEA ROAD

BELLA VISTA AR 72714

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number 501-876-5645

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 THERESA L BOERM

Mailing Address 8 MILFORD LANE

BELLA VISTA AR 72715

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 501-855-1468

Full Name of Designated Agent

BEVERLY D WILLIAMS

Mailing Address 11 CHELSEA ROAD

BELLA VISTA AR 72714

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number 501-876-5645

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.

THE BANK OF BENTONVILLE

Mailing Address

P.O. BOX 1229

BENTONVILLE AR 72712

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

