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PAGE 1 / 4 🗕

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZA	ATION	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	Office Use Only
Forrest Bov	ver Foi	Indiana		
ADDRESS (number a	nd street)	1025 forest avenue		
(Check if a is changed	uddress	None		
is charged)	Fort Wayne CITY ▲		IN 46805 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRES	S		
(Check if a is changed		tonythespy@gmail.com		
		Optional Second E-Mail Add tonythespy@gmail.co	dress OM	
COMMITTEE'S WEB	ddress	https://www.facebook.com/For	rrestBowerForIndiana	
2. DATE		/ Y Y Y Y 2021		
3. FEC IDENTIFIC	ation Nui	MBER ► C co	00780015	
4. IS THIS STATEN	IENT X	NEW (N) OR	AMENDED (A)	
I certify that I have e	xamined this	Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of	of Treasurer	Bower, Forrest, Anthony, ,		
Signature of Treasure	r <i>Bower,</i>	Forrest, Anthony, ,	[Electronically Filed]	Date 05 / D D / Y Y Y Y 2021
NOTE: Submission of			may subject the person signing t DN SHOULD BE REPORTED W	his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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F	FEC Fo	rm 1 (Revised 02/2009) Page 2
		OMMITTEE
Can	didate	e 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 Cand		Bower, Forrest, Anthony, ,
Cand Party	lidate Affiliati	on DEM Office Sought: K House Senate President District 03
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	ty Con	nmittee:
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
Polit	tical A	ction 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	t Func	Iraising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	
	2.	
	2. 3.	
	4.	FEC ID number

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Forrest Bower For Indiana

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

NONE																																				
Mailing Address				L																																
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																										L						-L				
											CI	TΥ										S	TAT	E					Z	IΡ	СС	DDE	Ξ			
Relationship:	Со	nne	cte	d O	rga	niza	atio	n	Aff	iliat	ed	Coi	mm	itte	е	Jo	oint	Fui	ndra	aisii	ng I	Rej	ore	ser	ntati	ive	C	L	ead	lers	ship) P/	٩C	Spc	onso	or

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Bower, Fo	rrest, Anthony, ,
Full Name	
Mailing Address	1025 forest avenue
	None
	Fort Wayne IN 46805 IN IN IN
Title or Position	CITY STATE ZIP CODE
	Telephone number 260 - 348 - 5845

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	Bower, Forrest, Anthony, ,	
Mailing Address	1025 forest avenue	
	Fort Wayne IN 46805 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -	
	CITY STATE ZIP CODE	
Title or Position		
	Telephone number	

Full Name of Designated Agent	Bower, Forrest, Anthony, ,
Mailing Address	1025 forest avenue
	Fort Wayne IN 46805 - - -
	CITY STATE ZIP CODE
Title or Position	
	Telephone number 260 - 348 - 5845

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.

	Three Rivers Federal Credit Union		
Mailing Address	301 W Jefferson Blvd, Fort Wayne,		
	Fort Wayne	IN 46805	
	CITY	STATE	ZIP CODE
Name of Bank, De	epository, etc.		
l			
Mailing Address			
	CITY	STATE	ZIP CODE