

**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

William Bowhall's #1 Exploritory Committee

ADDRESS (number and street)

2016 Old Lafayette Hwy.

☐ (Check if address is changed)

OPELIKA

CITY ▲

AL

STATE ▲

36801

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

Honeybeargold@Yahoo.com

Optional Second E-Mail Address

Honeybeargold@Yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
05 / 19 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00706945

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 Bowhall, William, , ,

Signature of Treasurer Bowhall, William, , ,

[Electronically Filed]








Date

MM / DD / YYYY
05 / 19 / 2019

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
OnlyFor 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

William Bowhall's #1 Exploritory Committee**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

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

Bowhall, William, , ,

Mailing Address

2016 Old Lafayette Hwy.

OPELIKA

AL

36801

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

334

610

6130

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

Bowhall, William, , ,

Mailing Address

2016 Old Lafayette Hwy.

OPELIKA

AL

36801

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

334

610

6130

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.

Charter

Mailing Address

701 Second Ave.

OPELIKA

AL

36801

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE