STATEMENT OF

PAGE 1 / 4 =

FEC FORM 1		_	RGAN								0	ffice (Jse Oı	nly			
1. NAME OF COMMITTEE (ir	ı full)		(Check if names s changed)		ample:If t		ре	1:	2FE	4M5	5						
William Bov	,																
																	Ш
ADDRESS (number a	nd street)	2016 Old	d Lafayette Hwy	'. 													
(Check if a is changed		OPELIK	A ITY 🛦					L	AL ATE		368	B01	Z		L DDE		
COMMITTEE'S E-MA	AIL ADDRES	SS															
(Check if a is changed			beargold@Y		1												
			Second E-Ma /beargold@		com												
COMMITTEE'S WEB (Check if a is changed)	address	RESS (U	RL)														
2. DATE 0		D / Y	y y y 2019														
3. FEC IDENTIFIC	CATION NU	MBER 🌗	C	C007069	145												
4. IS THIS STATEM	MENT X	NEW	(N) O	R [AM	ENDED	(A)										
I certify that I have e	examined thi	s Stateme	ent and to the	best of my	knowledg	je and b	elief it	is tru	ue, c	orrec	t and	l con	nplete	÷.			
Type or Print Name	of Treasurer	Bowhall	, William, , ,														
Signature of Treasure	er <i>Bowha</i>	ll, William,	,,		[Electron	ically File	ed]	Date)	M 05		D	19	′)19	Y
NOTE: Submission of			complete inform	-			-					pena	alties	of 2	U.S.C	. §4	37g.
Office Use Only					Federal E Toll Free	ner inform Election Co 800-424-9 2-694-1100	ommissi 9530		::				C F			1	

FFO Form 4 (Project 00/0000)	5 6
FEC Form 1 (Revised 02/2009) TYPE OF COMMITTEE	Page 2
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	<i>i</i> .)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name of Candidate Bowhall, William, E., , Junior	
Candidate Party Affiliation W Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	(Democratic
(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 co	onnected 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 s committee. (i.e., nonconnected committee)	segregated fund or party
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 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
0	
2. FEC ID number C	
2.	

FEC Form 1 (Rev	ised 02/2009)	Page 3
Write or Type Committee		, and the second
William Bowl	hall's #1 Exploritory Committee	
	eted Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	TE ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Repre	sentative Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of	the person in possession of committee
Bow Full Name	hall, William, , ,	
Mailing Address	2016 Old Lafayette Hwy.	
	OPELIKA AL	36801
Title or Position	CITY STATE	E ZIP CODE
Treasurer	Telephone number	334 610 6130
	ne and address (phone number optional) of the treasurer of the comme.g., assistant treasurer).	nittee; and the name and address of
Full Name Bowl	nall, William, , ,	
Mailing Address	2016 Old Lafayette Hwy.	
	OPELIKA AL	
Title or Position	CITY STATE Telephone number	ZIP CODE
	ielepriorie number	

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
mailing / tau. 000		
Tialo on Docision	CITY STATE	ZIP CODE
Title or Position		
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, hol	ds accounts, rents
Banks or Other safety deposit b Name of Bank,	Depository, etc. Charter	ds accounts, rents
safety deposit b	Depository, etc. Charter 1701 Second Ave.	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Charter 701 Second Ave.	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Charter 1701 Second Ave.	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Charter 701 Second Ave. OPELIKA AL 36801	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Charter 701 Second Ave. OPELIKA CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Charter 701 Second Ave. OPELIKA CITY STATE	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. Charter 701 Second Ave. OPELIKA CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Charter 701 Second Ave. OPELIKA CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Charter 701 Second Ave. OPELIKA CITY STATE Depository, etc.	ZIP CODE