

2008 JAN 31 A 11:29

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

John W. Martin for Congress Campaign Committee

ADDRESS (number and street)

3206 Alderbrook Rd

(Check if address
is changed)

Dorham

AL

36305-1924

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

John@johnmartin4congress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

johnmartin4congress.com

COMMITTEE'S FAX NUMBER

334-794-2050

2. DATE

01

17

2008

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

Holly Wills

Signature of Treasurer

Holly Wills

Date

01

24

2008

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 202-694-1100FEC FORM 1
(Revised 02/2003)

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

J o h n W M a r t i n

Candidate
Party Affiliation

R E P

Office
Sought:☒

House

☐

Senate

☐

President

State

A L

District

0 2

- (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

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

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

JOHN W MARTIN

Mailing Address

3296 Alderbrook Rd

DOTHAN

AL

36305-1924

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CHAIRMAN

Telephone number

334-794-2054

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

Holly Suzanne Willis

Mailing Address

211 Paul Revere Run

DOTHAN

AL

36303-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

254-630-13464

Full Name of
Designated
Agent

James Willis

Mailing Address

211 Paul Revere Run

DOTHAN

AL

36305-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Asst. Treasurer

Telephone number

254-630-15684

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.

W a c h o v i a

Mailing Address

2 9 9 9 R o s s C l a r k C i r c l e

D o t h a n A L 3 6 3 0 1 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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☐ No Postmark	
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 PREPARER	1/31/08 DATE PREPARED

(3/2005)

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