

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

28 MAY 21 AM 11:23
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

Committee to Elect Genevieve Williams

ADDRESS (number and street) PO Box 456

(Check if address is changed)

Neosho MO 64850
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

info@genforcongress.com

Optional Second E-Mail Address

genofgenforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

genforcongress.com

2. DATE 04 ' 17 ' 2014

3. FEC IDENTIFICATION NUMBER C00560623

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 Donna O'Hara

Signature of Treasurer [Signature] Date 04 ' 17 ' 2014

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.

14031241081

5. TYPE OF COMMITTEE

Candidate 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 of Candidate Genevieve Williams

Candidate Party Affiliation DEM Office Sought: House Senate President State MO District 07

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

(d) This committee is a _____ (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 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

14031241082

Write or Type Committee Name

Committee to Elect Genevieve Williams

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

Rebecca Genevieve Williams

Mailing Address

11110 Mulberry rd
Neosho MD 164850

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

417-850-0656

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

Donna O'Hara

Mailing Address

110824 MUSE DR
NEOSHO MD 164850

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

417-451-1641

14031241083

Full Name of Designated Agent

Mailing Address

[Address line]

[Address line]

CITY

STATE

ZIP CODE

Title or Position

[Title or Position]

Telephone number

[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.

Community Bank & Trust

Mailing Address

100 S. Wood St

[Address line]

Wesno MD 64850

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Name of Bank, Depository, etc.]

Mailing Address

[Mailing Address]

[Mailing Address]

[Mailing Address]

CITY

STATE

ZIP CODE

14031241084

EXTREMELY URGENT

Please Rush To Addressee

PLEASE PRESS FIRMLY

Schedule package pickup right from your home or office at usps.com/pickup
Print postage online

PLEASE PRESS FIRMLY

U.S. POSTAGE
PAID
NEOSHO, MO
64850
MAY 21, 2014
AMOUNT
\$19.99
00044632-07



1007



UNITED STATES POSTAL SERVICE

Flat Rate Envelope

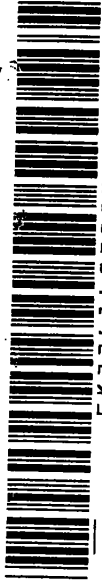
Visit us at usps.com

EXTREMELY URGENT

Please Rush To Addressee

PLEASE NOTE:

When used internationally affix customs declarations (PS Form 2976, or 2976A).



EK26160305US



PRIORITY MAIL EXPRESS™

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

GENEVIENE WILLIAMS
P.O. Box 456
Neosho, MO 64850
PHONE (417) 850-0656

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office® for availability.

TO: (PLEASE PRINT)

FEC
999 E ST. NW
Washington, DC
20463
PHONE ()

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	Date Accepted (MM/DD/YY)	Scheduled Delivery Date (MM/DD/YY)
PO ZIP Code	PO ZIP Code	Scheduled Delivery Time	Scheduled Delivery Date
64850	32014	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 12 NOON <input checked="" type="checkbox"/> 3:00 PM	5/21/14
Time Accepted	Time Accepted	10:30 AM Delivery Fee	Live Animal Transportation Fee
11:01 AM	11:01 AM	\$	\$
Weight	Flat Rate	Sunday/Holiday Premium Fee	Total Postage & Fees
3 lbs. 3 ozs.	<input type="checkbox"/> Flat Rate	\$	\$ 19.99
Acceptance Employee Initials	Acceptance Employee Initials	Insurance Fee	Return Receipt Fee
DB	DB	\$	\$
Employee Signature	Employee Signature	Postage	Live Animal Transportation Fee
		\$ 19.99	\$

LABEL 11-B, JANUARY 2014 PSN 7890-02-000-9998 3-ADDRESSEE COPY

RECEIVED
2014 MAY 21 AM 11:
FEC MAIL CENT



WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 5/20/14
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ADJ
 PREPARER
 (8/2013)

5/21/14
 DATE PREPARED

14031241086