

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC MAIL CENTER

12FE4M5

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

ELAINE WILLIAMS 2016 (elaine.williams.org)

ADDRESS (number and street)

PO BOX 592787

(Check if address
is changed)

ORLANDO

CITY ▲

FL

STATE ▲

32859-2287

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

elaine.williams.forpres.2016@gmail.com

Optional Second E-Mail Address

elaine@elaine.williams.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.elaine.williams.org

2. DATE

03 / 03 / 2014

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

TBD / Elaine Williams candidate

Signature of Treasurer

Elaine Williams

Date

03 / 03 / 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.

Office
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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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 ELAINE WHIGHAM-WILLIAMS

Candidate Party Affiliation DEM Office Sought: House Senate President State 6 District

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

Name of Candidate _____

Party Committee:

- (d) This committee is a NAT (National, State or subordinate) committee of the DEM (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. TBD AT A LATER DATE FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

14031193287

Write or Type Committee Name

ELAINE WILLIAMS 2010

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

TBD - AT A LATER DATE

Mailing Address

PO BOX 592787

ORLANDO

CITY

FL

STATE

32859-2787

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

TBD - AT A LATER DATE

Mailing Address

PO BOX 592787

ORLANDO

CITY

FL

STATE

32859-2787

ZIP CODE

Title or Position

CUSTODIAN OF RECORD

Telephone number

678-464-8858

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

TBD - AT A LATER DATE

Mailing Address

PO BOX 592787

ORLANDO

CITY

FL

STATE

32859-2787

ZIP CODE

Title or Position

TREASURER

Telephone number

678-464-8858

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Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

MCCOY FEDERAL CREDIT UNION

Mailing Address

~~ORLANDO~~ 1900 MCCOY RD

[Empty grid for Mailing Address]

ORLANDO FL 32809

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

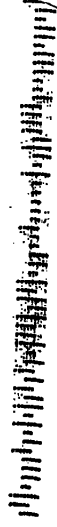
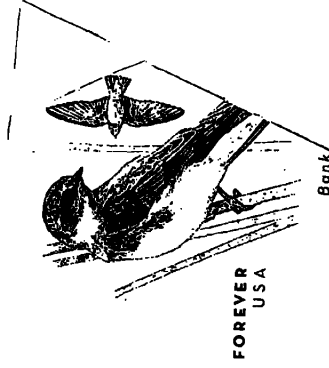
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Aine Williams
PO BOX 592787
BLANCO, FL 32859-2787

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MAR 10 AM 7:49
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Federal Election Commission
999 E Street NW
Washington, DC 20463



Federal Election Commission
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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input checked="" type="checkbox"/> No Postmark	
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<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
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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 PREPARER

3/10/14
 DATE PREPARED

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