

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

6/23 RECEIVED FEC MAIL CENTER

2015 Office Use Only 7-16

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines:

12FE4M5

ELAINE WHIGHAM - WILLIAMS

4510 EVERGLADE ST

ADDRESS (number and street)

Check if different than previously reported. (ACC)

COCONA

CITY

FL

STATE

32922

ZIP CODE

2. FEC IDENTIFICATION NUMBER

~~C00558999~~

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

C00558999

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

April 15 (Q1) [checked] July 15 (Q2) [checked] October 15 (Q3) [] January 31 Year-End Report (YE) []

Feb 20 (M2) [] Mar 20 (M3) [] Apr 20 (M4) [] May 20 (M5) [] Jun 20 (M6) [] Jul 20 (M7) [] Aug 20 (M8) [] Sep 20 (M9) [] Oct 20 (M10) [] Nov 20 (M11) [] Dec 20 (M12) [] Jan 31 (YE) []

Thirtieth day report following the General Election

Twelfth day report preceding election

Is this Report an Amendment?

yes [] no [checked]

5. Covering Period

01' 31' 2015

through

04' 08' 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Elaine Whigham Williams

Signature of Treasurer

Elaine Williams

Date

06' 10' 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

504 6/23

SPIN 6/23

Write or Type Committee Name

Eaine Whigham Williams for President 2016

Report Covering the Period: From: 01 31 2015

To: 04 15 2015

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	000000
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	5000.00
8. SUBTOTAL (Lines 6 and 7)	5000.00
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	030.00
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)	0000.00
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	000
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	000
13. EXPENDITURES SUBJECT TO LIMITATION	000

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	5000.00
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	

UTOPSON I WISH I WOULD

DETAILED SUMMARY PAGE

NAME OF COMMITTEE (in Full)

Fiene Witham Williams for Pres 2016

Report Covering the Period: From: 01/31/2015 To: 04/15/2015

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

23. OPERATING EXPENDITURES.....	15000	20900
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	000	000
25. FUNDRAISING DISBURSEMENTS.....	000	000
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	000	000
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	000	000
(b) Other Repayments.....	000	000
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	000	000
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	000	000
(b) Political Party Committees.....	000	000
(c) Other Political Committees.....	000	000
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)).....	000	000
29. OTHER DISBURSEMENTS.....	000	000
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29).....	000	000

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List).....	000	000
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11032411 11032411 11032411

EXPENDITURES SUBJECT TO LIMIT

FEC Form 3P

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 4

NAME OF COMMITTEE (in Full)

Elaine Wingham Williams Pres 2016

Report Covering the Period:

From:

01 ' 01 ' 2015

To:

04 ' 15 ' 2015

A. OPERATING EXPENDITURES

(Line 23, Column B)

18000

B. OPERATING OFFSETS

Line 20a, Column B

0

C. CURRENT YEAR NET OPERATING EXPENDITURES

(Subtract Line B from A)

18000

D. PRIOR YEAR(S) OPERATING EXPENDITURES

000

E. PRIOR YEAR(S) OPERATING OFFSETS

0000

F. PRIOR YEAR(S) NET OPERATING EXPENDITURES

(Subtract Line E from D)

G. FUNDRAISING DISBURSEMENTS

(Line 25, Column B)

H. OFFSETS TO FUNDRAISING DISBURSEMENTS

(Line 20b, Column B)

I. CURRENT YEAR NET FUNDRAISING DISBURSEMENTS

(Subtract Line H from G)

J. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS

K. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS

L. PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS

(Subtract Line K from J)

M. TOTAL NET FUNDRAISING DISBURSEMENTS

(Add Lines I and L)

N. 20% EXEMPTION

(20% of Overall Expenditure Limit)

O. TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT

(Subtract Line N from M)

P. TOTAL EXPENDITURES SUBJECT TO LIMITATION

(Add Lines C, F and O)

11030101 43101 1040000

**ALLOCATION OF PRIMARY EXPENDITURES
 BY STATE FOR
 A PRESIDENTIAL CANDIDATE**
 (Used Only by Primary Committees Receiving
 or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C05580999

Elaine Whigham for PRES 2016

ADDRESS (number and street)

4510 EVERGLADE ST

COCOA

CITY

FL

STATE

32922

ZIP CODE

3. NAME OF CANDIDATE

Elaine Whigham Williams

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

11030811 11/11/11 11:00 AM

14001341 INOUT

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

ALBANY 11/11/1971

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS		

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Whigham Willem, for Pres 2016

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Eraine Whigton Williams for Pres 2016

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Subtotal Of Receipts This Page (optional).....

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Total This Period (last page this line number only).....

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SCHEDULE C-P
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)

Etaine Whigham Williams for President 2016

LOAN SOURCE Full Name (Last, First, Middle Initial)

N/A

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

48421-101-1001-1001

**LOANS AND LINES OF CREDIT FROM
LENDING INSTITUTIONS**

Supplementary from Information
found on Page ___ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C05580999

Elaine Whigham Williams for Pres 2016

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

4510 EVERGLADE ST

COCOA

FL

32922

CITY

STATE

ZIP CODE

AMOUNT OF LOAN

INTEREST RATE (APR)

%

DATE INCURRED OR ESTABLISHED

DATE DUE

A. Has loan been restructured?

 No Yes

If yes, date originally incurred:

B. If line of credit:

Amount of this draw

Total outstanding balance

C. Are other parties secondarily liable for the debt incurred?

 No Yes

(Endorsers and guarantors must be reported on Schedule C-P)

D. Are ANY of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

 No Yes

If yes, specify:

What is the value of this collateral:

Does the lender have a perfected security interest in it?

 No Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan?

 No Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

G. Type or Print Name of Committee Treasurer

Signature of Treasurer _____

Date

MM / DD / YYYY

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

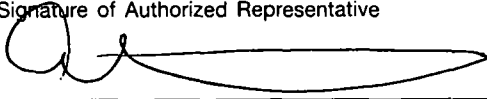
1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

Title

Signature of Authorized Representative

Date



MM / DD / YYYY

110001134410001

SCHEDULE D-P

DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

PAGE **11** OF **12**

FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full)

Flaine Whigham Williams for President 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

~~4510 Everglades Namburden~~

Nature of Debt (Purpose):

Website

Mailing Address

~~6000 N 3922~~ *520 S Grand Ave*

City

State

Zip Code

LOS ANGELES GA 90071

Outstanding Balance Beginning This Period

150.00

Amount Incurred This Period

150.00

Payment This Period

080.00

Outstanding Balance at Close of This Period

150.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

150.00

2) TOTALS This Period (last page this line number only)

150.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

150.00

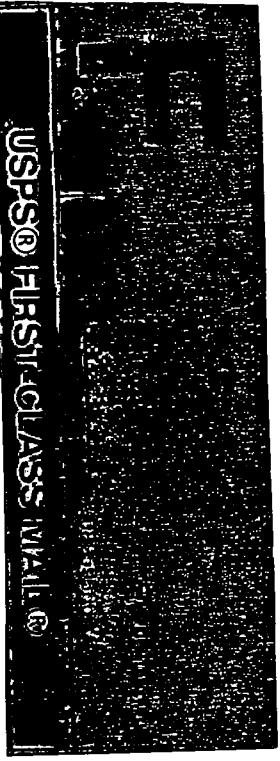
ALGOM | HAN | NCT000

Elaine Wingham Wilk...
4510 Eversted St
Cove, R 32922

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WASHINGTON DC 20463

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Federal Election Commission
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USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER *MP*

6/23/15
DATE PREPARED

FORM 1120-1 (2011)