

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

WILLIE CARTER FOR PRESIDENT COMMITTEE

ADDRESS (number and street) P O BOX 3236

(Check if address is changed)

FT WORTH

CITY

TX

STATE

76113

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

WILLIE@WILLIECARTERFORPRESIDENT.COM

Optional Second E-Mail Address RES00YN5@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.williecarterforpresident.com

2. DATE 04 / 05 / 2019

3. FEC IDENTIFICATION NUMBER C C00202176

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 Graham, Artrisia, , ,

Signature of Treasurer Graham, Artrisia, , , [Electronically Filed] Date 04 / 05 / 2019

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.

Table with 5 columns and 1 row for Office Use Only.

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

FEC FORM 1 (Revised 06/2012)

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 Carter, Willie, Felix, ,

Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President State  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  (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  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# WILLIE CARTER FOR PRESIDENT COMMITTEE

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

NONE

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 Graham, Artrisia, , ,

Mailing Address 6121 Albany Street

#A

Huntington Park CA 90255

Title or Position CITY STATE ZIP CODE

Campaign Treasurer Telephone number ---

**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 Graham, Artrisia, , ,

Mailing Address 6121 Albany Street

#A

Huntington Park CA 90255

Title or Position CITY STATE ZIP CODE

Campaign Treasurer Telephone number ---

Full Name of Designated Agent

Carter, Willie, Felix, ,

Mailing Address

5100 Turner Street

Fort Worth

TX

76105

CITY

STATE

ZIP CODE

Title or Position Candidate

Telephone number

562

480

6677

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.

Farmer's & Merchants Bank

Mailing Address

5101 Lakewood Blvd

Lakewood

CA

90712

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE