

**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

MYRTLE4CONGRESS

ADDRESS (number and street)

1506 PARK ROAD NW

☐ (Check if address is changed)

APT. B

WASHINGTON

CITY ▲

DC

STATE ▲

20010

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

drmyrtlealexander@gmail.com

Optional Second E-Mail Address

myrtle.alexander.phd@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y
04 / 29 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00865212

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 ALEXANDER, MYRTLE, PATRICIA, DR,

Signature of Treasurer ALEXANDER, MYRTLE, PATRICIA, DR,

Date

M M / D D / Y Y Y Y
04 / 29 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 202-694-1100**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 ALEXANDER, MYRTLE, PATRICIA, DR,

Candidate
Party Affiliation

REP

Office
Sought:



House



Senate



President

State

DC

District

01

- (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.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).



In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).



In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ 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.
- (j) ☐ 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.

C

2.

C

Write or Type Committee Name

MYRTLE4CONGRESS

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 Organization ☐ 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 ALEXANDER, MYRTLE, PATRICIA, DR,

Mailing Address 1506 PARK ROAD NW

APT. B

WASHINGTON

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CANDIDATE/TREASURER

Telephone number 202 - 341 - 6020

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 ALEXANDER, MYRTLE, PATRICIA, DR,

Mailing Address 1506 PARK ROAD NW

APT. B

WASHINGTON

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CANDIDATE/TREASURER

Telephone number 202 - 341 - 6020

Full Name of
Designated
Agent

ALEXANDER, MYRTLE, PATRICIA, ,

Mailing Address

1506 PARK ROAD NW

APT. B

WASHINGTON

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CANDIDATE

Telephone number

202

341

6020

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.

INDUSTRIAL BANK

Mailing Address

1800 Martin Luther King Jr Ave SE

WASHINGTON

DC

20020

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

DC CREDIT UNION

Mailing Address

3059 MOUNT PLEASANT ST NW

Washington

DC

20009

CITY ▲

STATE ▲

ZIP CODE ▲