Image# 202303019578757171				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			
I. NAME OF	(Check if name	Example: If typing, type		Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Marianne William	nson for Preside	nt		
_				
ADDRESS (number and street)	PO Box 33079			
 (Check if address is changed) 				
	Washington			0033
	CITY A		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	info@marianne2024.c	om 		
<i>,</i>	Optional Second E-Mail Ad	dress		
	lauren@marianne20	124.com		
(Check if address is changed)	marianne2024.com			
	D / Y Y Y Y 1 2023			
3. FEC IDENTIFICATION N	UMBER 🕨 🕻 C	00834424		
-		-		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	O'Kelley, Brian, , ,			
Signature of Treasurer	lley, Brian, , ,	[Electronically Filed]	Date 03	/ D D / Y Y Y Y 01 2023
NOTE: Submission of false, error		may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §301
Office		For further information c Federal Election Commissi		FEC FORM 1
Use Only		Toll Free 800-424-9530 Local 202-694-1100		(Revised 06/2012)

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	the candidate
Name of Williamson, Marianne, , , Candidate	
Candidate Office Party Affiliation DEM Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (Democra Republica)	itic, in, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	arative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ted fund or party
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).

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.
 2.

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

FEC	Form	1 (Revised	02/2009)	

Write or Type Committee Name

Marianne Williamson for President

Mailing Address																																			
																										L					- [
									Cľ	TΥ											5	STA	ΤE					Z	ΊP	СС	DE	Ξ 🔺			
Relationship: Con	nected	Orgar	nizat	ion	Γ	A	ffilia	ate	d C	Drga	aniz	zatio	on	ſ	1	Joii	nt F	un	drai	isin	ıg I	Rep	ores	sen	tativ	/e	Π	Le	ade	ərsh	ıip	PAC	s	ponsc	or

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

O'Kelley, B	ian, , ,	
Full Name		
Mailing Address	PO Box 33079	
	L	
	Washington DC 20033	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Treasurer		380

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	O'Kelley, Brian, , ,						
of Treasurer							
Mailing Address	PO Box 33079						
	Washington DC 20033						
	CITY ▲ STATE ▲ ZIP CODE ▲						
Title or Position ▼							
Treasurer	Image: Telephone number 202 - 548 - 0880						

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	▲ ZIP CODE ▲
Title or Position ▼		
	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.

Amal	gamated Bank		1
Mailing Address	275 7th Ave		
	New York	NY 1000	1
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, Depositor	, etc.]
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲