

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

COMMITTEE TO ELECT M.LATROY ALEXANDRIA-WILLIAMS PRESIDENT/USA

ADDRESS (number and street) 3250 COMMERCIAL STE. 3258

[] (Check if address is changed)

Memphis TN 38116 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

[] (Check if address is changed) M.LATROYALEXANDRIA-WILLIAMS@YAHOO.COM

Optional Second E-Mail Address nlmmm5@att.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

[] (Check if address is changed) NA

2. DATE 06 / 05 / 2019

3. FEC IDENTIFICATION NUMBER C C00708438

4. IS THIS STATEMENT [x] 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 THREATT, NELL, , Mrs, Williams

Signature of Treasurer THREATT, NELL, , Mrs, Williams [Electronically Filed] Date 06 / 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.

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 Williams, Marion, , mr., sr.

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

COMMITTEE TO ELECT M.LATROY ALEXANDRIA-WILLIAMS PRESIDENT/USA

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 THREATT, NELL, , Mrs, Williams

Mailing Address 3693 Hermitage Dr.

264 CHATER ST.

Memphis

TN

38116

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 901 - 502 - 4954

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 THREATT, NELL, , Mrs, Williams

Mailing Address 3693 Hermitage Dr.

264 CHATER ST.

Memphis

TN

38116

Title or Position TREASURER

CITY

STATE

ZIP CODE

Telephone number 901 - 502 - 4954

Full Name of Designated Agent

Threatt/Williams, Marion, L, mr., jr.

Mailing Address

3693 Hermitage Dr.

Memphis

TN

38116

CITY

STATE

ZIP CODE

Title or Position

co-agent-ica

Telephone number

901

502

4954

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.

HOPE-CREDIT 1350UNION

Mailing Address

1350 CONCOURSE AVE SUITE-115 MEMPH

1114 N. MISSOURI ST WEST MEMPHIS A

WESTMEMPHIS 72301

AR

72301

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

TRI- STATE BANK OF MEMPHIS

Mailing Address

4606 ELVIS PRESLEY BLVD

UNION

MEMPHIS TN.

TN

38116

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N

Transaction ID :

1.SHELBY COUNTY DEMOCRATIC CLUB(#638459) 2.NATIONAL DEMOCRATIC PARTY OF USA(#640511)NOT RELATED//DNC. 3.MEMPHIS DEMOCRATIC CLUB.

Form/Schedule:

Transaction ID: