**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Williams for Congress PO Box 11272 ADDRESS (number and street) (Check if address is changed) Knoxville 37919 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jw4tn02@gmail.com (Check if address is changed) Optional Second E-Mail Address williams4tn02@outlook.com COMMITTEE'S WEB PAGE ADDRESS (URL) joshuawilliams4congress.com (Check if address is changed) DATE 30 2017 C00640110 FEC IDENTIFICATION NUMBER > 3. X 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. Mercer, Alice, , , Type or Print Name of Treasurer Mercer, Alice, , , [Electronically Filed] 09 30 2017 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE O	F COMMITTEE	
	late 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. (Com information below.)	plete the candidate
Name of Candidat	TVIIIIai i i i i i i i i i i i i i i i i i	
Candidat		State
Party Aff	iliation DEM Sought: X House Senate President	District 02
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party C	Committee:	
(d)		(Democratic, Republican, etc.) Party.
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
C	Committees Participating in Joint Fundraiser	
1	. FEC ID number	
2	.           FEC ID number	
3	. FEC ID number	
4	.             FEC ID number C	

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Write or Type Committee Name		
Williams for Cor	aress	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the person in	possession of committee
Mercer, Alic	e,,,	
	PO Box 11272	
Mailing Address	<u> </u>	
	Knoxville TN 3791	19
Title or Position	CITY STATE	ZIP CODE
Treasurer		607 - 3035
3. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the sistant treasurer).	e name and address of
Full Name Mercer, Alic	e,,, 	
Mailing Address	PO Box 11272	
	Knoxville TN   3791	9
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	607 - 3035

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Full Name of Designated Agent	Williams, Jackie, , ,	
Mailing Address	P.O. Box 11272	
	Knoxville TN 37919	
Title or Position	CITY STATE ZIP	CODE
Assistant Treas	surer	
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds acoxes or maintains funds.	ccounts, rents
	oxes or maintains funds.	ccounts, rents
safety deposit bo	oxes or maintains funds.	ecounts, rents
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  First Tennessee Bank	counts, rents
safety deposit bo	oxes or maintains funds.  Depository, etc.  First Tennessee Bank	counts, rents
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  First Tennessee Bank	counts, rents
safety deposit be Name of Bank,	Depository, etc.  First Tennessee Bank  800 S Gay St  Knoxville  TN 37929	counts, rents
safety deposit be Name of Bank,	Depository, etc.  First Tennessee Bank  800 S Gay St  Knoxville  CITY  STATE  ZIF	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  First Tennessee Bank  800 S Gay St  Knoxville  CITY  STATE  ZIF	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  First Tennessee Bank  800 S Gay St  Knoxville  CITY  STATE  ZIF  Depository, etc.	
Safety deposit be Name of Bank, Mailing Address	Depository, etc.  First Tennessee Bank  800 S Gay St  Knoxville  CITY  STATE  ZIF  Depository, etc.	
Safety deposit be Name of Bank, Mailing Address	Depository, etc.  First Tennessee Bank  800 S Gay St  Knoxville  CITY  STATE  ZIF  Depository, etc.	