

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

Alexander_2026

ADDRESS (number and street) (Check if address
is changed)

2 Clipper Court

Galloway
CITY ▲NJ
STATE ▲

08205

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

alexander4congress2022@gmail.com

Optional Second E-Mail Address
timothy.c.alexander@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

https://www.timalexander4congress.com/

2. DATE

M M / D D / Y Y Y Y
07 / 25 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00913368

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, Anna, D.,

Signature of Treasurer Alexander, Anna, D.,

Date

M M / D D / Y Y Y Y
08 / 12 / 2025NOTE: 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 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

Alexander_2026

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

NONE

Mailing Address

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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, Anna, D, ,

Mailing Address

2 Clipper Court

Galloway

NJ

08205

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

609 - 338 - 1222

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, Anna, D, ,

Mailing Address

2 Clipper Court

Galloway

NJ

08205

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

609 - 233 - 6321

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

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.

Fulton Bank

Mailing Address

215 East Jimmie Leeds Rd

Galloway

NJ

08205

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲