

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

Dan Williams For Congress

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

11753 Sheltering Pine Dr

Orlando
CITY ▲FL
STATE ▲32836
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

daniscre8tve@gmail.com

Optional Second E-Mail Address
dan@danwilliamsforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

danwilliamsforcongress.com

2. DATE

M M / D D / Y Y Y Y
09 / 29 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00921296

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 Finley, Mary Beth, , ,

Signature of Treasurer

Finley, Mary Beth, , ,

Date

M M / D D / Y Y Y Y
10 / 02 / 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

Dan Williams For Congress

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

Finley, Mary Beth, , ,

Mailing Address

2404 Abby Dr.

Apt 203

Kissimmee

FL

34741

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

407 - 721 - 9163

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

Finley, Mary Beth, , ,

Mailing Address

2404 Abby Dr.

Apt 203

Kissimmee

FL

34741

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

407 - 721 - 9163

Full Name of
Designated
Agent

Williams, Dan, , ,

Mailing Address

11753 Sheltering Pine Dr

Orlando

FL

32836

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate

Telephone number

863

860

5359

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.

None Yet

Mailing Address

n/a

Orlando

FL

32836

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲