Image# 202007159244901085			_	PAGE 1/4
FEC FORM 1	STATEMEI ORGANIZ			FAGE 174 -
			Office	Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Friends of Daniel				
	PO Box 60148			
ADDRESS (number and street)				
(Check if address is changed)				
	Washington		DC 20039	
	CITY A		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	les@leswilliamson.com) 		
	Optional Second E-Mail Ad	dress		
Check if address (Check if address is changed)				
2. DATE 07 11				
3. FEC IDENTIFICATION N	JMBER ► C C	00705517		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
contify that I have exemined the	aia Ctatamant and to the best	of my knowledge and balief it	in true correct and as	malata
certify that I have examined the	is Statement and to the best	of my knowledge and belief it	is true, correct and co	implete.
Type or Print Name of Treasure	r Williamson, Les, , ,			
Signature of Treasurer	amson, Les, , ,	[Electronically Filed]	Date 07	15 / Y Y Y Y 2020
NOTE: Submission of false, erron		may subject the person signing t ON SHOULD BE REPORTED W		nalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on F I	EC FORM 1 Revised 06/2012)

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		OMMITTEE	
Car	ndidate	e 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
	ne of didate	Gade, Daniel, MacArthur, Mr.,	
	didate y Affiliat	on REP Office Sought: House X Senate President	State VA District
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	ne of didate		
Par	ty Cor	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	itical A	ction 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.)	
Join	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

1

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Write or Type Committee Name

Friends of Daniel Gade

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

Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising	Representative Leadership PAC Sponsor
7. Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and positi	ion of the person in possession of committee
Williamson). Les	
Full Name		
Mailing Address	PO Box 60148	

0			
	Washington		20039
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	4 676 7442

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	Williamson, Les , , ,
Mailing Address	PO Box 60148
	Washington DC 20039
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 214 676 7442

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Full Name of Designated Agent														1									1			
Mailing Address																										
																			L				_			
						C	:IT)	(STA	ΤE				ZII	ΡC	OD	ιE		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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.

Chain I	Bridge Bank		
Mailing Address	1445-A Laughlin Avenue		
	McLean	VA 22101	
_	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE