Only

STATEMENT OF

PAGE 1/4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Cindy Hyde-Smith PO Box 60148 ADDRESS (number and street) (Check if address is changed) Washington 20039 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS les@leswilliamson.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2020 C00705731 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. Williamson, Les, , , Type or Print Name of Treasurer Williamson, Les,,, [Electronically Filed] 04 20 2020 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

		. (5.)		
		rm 1 (Revised 02/2009)	Page 2	
		OMMITTEE Committee:		
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	x	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Nam Cand	e of didate	Hyde-Smith, Cindy, , ,		
	didate / Affiliati	on REP Office Sought: House Senate President	State MS District	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Nam Cand	e of didate			
Par	ty Con	nmittee:		
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Poli	tical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:	
		Corporation Wo 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 segregat 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.)		
Join	t Fund	Iraising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political	
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.			
	4.			

FEC Form 1 (Revised 02	2/2009)	Page 3
Write or Type Committee Name		J
Friends of Cindy	/ Hvde-Smith	
	rganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the perso	on in possession of committee
Williamson,	Les, , ,	
Mailing Address	PO Box 60148	
	Washington	20039
Title or Position	CITY STATE	ZIP CODE
Treasurer		_ 676 7442
s. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	d the name and address of
Full Name Williamson, of Treasurer	Les, , ,	
Mailing Address	PO Box 60148	
1		
		20039
Title or Position Treasurer	CITY STATE 214 Telephone number	ZIP CODE

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		- 1
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 22101	
	CITY STATE	ZIP CODE
Name of Bank,		
Mailing Address		