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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Michigan Senate Republican Nominee Fund - John James 1305 W 11th St ADDRESS (number and street) #213 (Check if address is changed) Houston 77008 TX 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 05 2020 C00705756 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] 80 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

		1 (Paying 10/0000)	Desce 0		
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		OMMITTEE e 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. (Corinformation below.)	nplete the candidate		
Name Cand		James, John, , ,	1 1 1 1 1 1 1		
Cand Party	lidate Affiliati	on REP Office Sought: House X Senate President	State MI District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand					
Part	y 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 co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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	t Fund	raising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	•		
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. 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.			
	Committees Participating in Joint Fundraiser				
	1.				
	2.	FEC ID number C			
	3.				

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٧	Vrite or Type Committe	ee Name	
	Michigan S	enate Republican Nominee Fund - John James	
6.	Name of Any Conn	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
ı			
L			
	Mailing Address		
		CITY STATE ZI	P CODE
	Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
' .	Custodian of Record books and records.	rds: Identify by name, address (phone number optional) and position of the person in posses	ession of committee
	W	/illiamson, Les, , ,	
	Full Name		
	Mailing Address	1305 W 11th St	
		#213	
		Houston TX 77008	
	Title or Position	CITY STATE ZI	P CODE
	Treasusrer	, 214 , 67	'6 , , 7442 ,
		Telephone number	
3.		name and address (phone number optional) of the treasurer of the committee; and the name at (e.g., assistant treasurer).	and address of
	Full Name Wi	illiamson, Les, , ,	
	Mailing Address	1305 W 11th St	
		[#213	
		Houston	
	Title or Position	CITY STATE ZII	P CODE
	Treasurer	Telephone number 214 - 67	6 - 7442

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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		