Only

STATEMENT OF

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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. The Volunteer PAC PO Box 3241 ADDRESS (number and street) (Check if address is changed) Brentwood 37024 TN 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 03 2020 C00750539 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] 07 03 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	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)			gradated fund or party
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising 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 two 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.		

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Write or Type Committee Name		
The Volunteer F	PAC	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
Mailing Address	BLE STAND FOR HOUSEHOLDS IN AMERICA PAC PO BOX 3241 BRENTWOOD CITY STATE Organization Affiliated Committee Joint Fundraising Representative	ZIP CODE Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in	possession of committee
Full Name Williamson Full Name Mailing Address	PO Box 3241 Brentwood TN 3702	24
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 214	- 676 - 7442
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name Williamson, of Treasurer		
Mailing Address	PO Box 3241	
	Description of the second seco	
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 214 –	. 676 - 7442

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit bo Name of Bank, I	Franklin Synergy Bank	ds accounts, rents
safety deposit bo	Depository, etc. Franklin Synergy Bank 722 Columbia Avenue	ds accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Franklin Synergy Bank	ds accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Franklin Synergy Bank 722 Columbia Avenue	ds accounts, rents
safety deposit bo Name of Bank, [Pepository, etc. Franklin Synergy Bank 722 Columbia Avenue Franklin Franklin TN 37064	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Franklin Synergy Bank 722 Columbia Avenue Franklin Franklin CITY STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address	Pepository, etc. Franklin Synergy Bank 722 Columbia Avenue Franklin Franklin TN 37064	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Franklin Synergy Bank 722 Columbia Avenue Franklin Franklin CITY STATE Depository, etc.	
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safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Franklin Synergy Bank 722 Columbia Avenue Franklin Franklin CITY STATE Depository, etc.	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	.9 ·		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e. or Leadership PAC Spon
Blackburn, Marsh	_		
Mailing Address	PO Box 3750		
	Brentwood	TN	37024
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative
Connecte		t Fundraising Representa	ative X Leadership PAC Sp
Connecte	ed Organization Affiliated Committee Join	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	ed Organization Affiliated Committee Join	t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee Join	t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	Affiliated Committee Join by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Join by by name, address (phone number – optional) CITY		
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Join To bries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Join To bries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Join To bries: List all banks or other depositories in which	STATE A	ZIP CODE A