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. Kansas Victory PAC PO Box 67237 ADDRESS (number and street) (Check if address is changed) Topeka 66667 KS 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 01 2021 C00773234 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 2021 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
TYP	E OF C	OMMITTEE	. 0,50 -
(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. (Cominformation below.)	plete the candidate
	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee: (National, State	(Democratic
(d)		This committee is a committee of the committee of the	(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 cor	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 se 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.)	
Joir	nt Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(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 two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.		
	→.		

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Write or Type Committee Name		
Kansas Victory	PAC	
. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
LaTurner Victory Fund	I <u> </u>	
Mailing Address	PO Box 67237	
,	PO Box 67237	
	Topeka KS 66667	
	CITY STATE	ZIP CODE
Custodian of Records: Iden	d Organization Affiliated Committee X Joint Fundraising Representative Lead Lead Committee Note: Lead Committee No	eadership PAC Sponsor
books and records.		
Williamsor	1, Les, , ,	
Mailing Address	PO Box 67237	
, and the second		
	Topeka KS 66667	
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 na assistant treasurer).	ame and address of
Full Name Williamson of Treasurer	ı, Les, , ,	
Mailing Address	PO Box 67237	
	Topeka KS 66667	7ID CODE
Title or Position Treasurer	CITY STATE Telephone number 214	ZIP CODE 676

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Full Name of		
Designated Agent		
Mailing Address		
		1
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit be Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits oxes or maintains funds. Depository, etc.	
safety deposit be	Depository, etc. CHAIN BRIDGE BANK, NA	
safety deposit be	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A Laughlin Avenue McLean VA CITY STATE	22101
safety deposit be Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A Laughlin Avenue McLean VA CITY STATE	22101
safety deposit be Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A Laughlin Avenue McLean VA CITY STATE	22101
safety deposit be Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	22101 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	22101 ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	22101

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected LaTurner, Jake, ,	Organization, Affiliated Committee, Joint Fu	indraising Representativ	e, or Leadership PAC Spon
La ramer, bake, ,	, 		
Mailing Address	2329 SW Ashworth Place		
Walling Address			
	Topeka	, KS,	, 66614
Relationship:			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee y by name, address (phone number – optional	loint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in who	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in who	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in who	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in who	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in who	STATE A Telephone Number	ZIP CODE A