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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) is changed) over the lines. Senate Georgia Battleground Fund 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) www.GABattleground.com (Check if address is changed) DATE 2020 C00736967 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] 12 16 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 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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
Nam Can	e 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
Nam Cand	e of didate		
Par	ty Con	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	t Fund	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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.	Georgians for Kelly Loeffler	729608
	2.	NRSC FEC ID number C C000	027466
	3.	Perdue for Senate C Coos	547570
	4.		

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Write or Type Committee	Name	
Senate Geor	gia Battleground Fund	
	ted Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
Mailing Address		
C		
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Represen	ntative Leadership PAC Sponsor
. Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the	person in possession of committee
	amson, Les, , ,	
Full Name	PO Box 60148	
Mailing Address	1	
	Washington	20039
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	214 - 676 7422
. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committed e.g., assistant treasurer).	ee; and the name and address of
Full Name Willia of Treasurer	ımson, Les, , ,	
Mailing Address	PO Box 60148	
	Washington DC	20039
Title or Position	CITY STATE	ZIP CODE
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	Depositories: List all banks or other depositories in which the committee deposits funds holds ac	counts, rents
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds acoxes or maintains funds.	counts, rents
, , , , , , ,		
Name of Bank, I	Depository, etc.	
Name of Bank, [
Name of Bank, [Chain Bridge Bank	
Name of Bank, I		
	Chain Bridge Bank	
	Chain Bridge Bank	
	Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 22101	P CODE
	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE ZIP	P CODE
Mailing Address	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE ZIP	CODE
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Mailing Address Name of Bank, [Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE ZIP	CODE
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