Only

## STATEMENT OF

PAGE 1 / 4 =

FEC FORM 1		0	RGAN	IZAT	ION	I							Office	e Use	Only			
1. NAME OF	, full)		Check if nam		xample		ng, ty	ре	[	12F	'E41	M5	Onice	036	Offig			
COMMITTEE (in			s changed)	0	ver the	iines.												
CFE Action	h Fund																	
ADDRESS (number a	nd street)	1305 W 1	1th Street															
(Check if is changed		#217 		1 1 1	1 1		I I	l I	ı	l I	ı	1 1		ı	1 1	1 1	1 1	
is change	u)	Houston								TX	ī	1	77008	3	.  -			
		Cl	TY▲						;	STAT	E 📥				ZIP C	ODE	<b>A</b>	
COMMITTEE'S E-MA	AIL ADDRE	SS																
(Check if a is changed		les@le	swilliamsor	n.com	1 1				ı	l l	ı		ı			1 1	1 1	ı
is change	u)	Optional	Second E-Ma	ail Address														_
COMMITTEE'S WEE	PAGE ADI	DRESS (UF	RL)															
		1			1 1				ı		ı					1 1		
																		_
2. DATE 1	M / D 11	D / Y	Y															
3. FEC IDENTIFIC	CATION NU	JMBER <b>&gt;</b>		C00826	6735	_												
4. IS THIS STATE	MENT X	NEW	(N) <b>O</b>	R		AMEN	IDED	(A)										
I certify that I have e	examined th	nis Stateme	nt and to the	best of m	y know	ledge	and b	elief	it is	true,	corr	ect a	and c	omple	ete.			
Type or Print Name	of Treasure	r Williamse	on, Les, , ,															
	******										IV	1 = M	<b>7</b> / <b>6</b>	D D	<b>,</b>		Y	Υ
Signature of Treasure	er <sup>Willia</sup>	mson, Les, , ,			[Elec	ctronica	lly File	ed]	Da	ate	L	10	1	11	11	20	22	_
NOTE: Submission of	false, errone		omplete inform											enaltie	s of 5	2 U.S.	C. §3(	)109
Office Use					Fede	further eral Elec Free 80	tion Co	ommis		ict:					FOF	<b>RM 1</b> /2012)	1	_ 

Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1	1 (Revised 03/2022)	Page 2							
. T`	YPE O	OF COMMITTEE:								
С	andidate Committee:									
(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. (Complete information below.)	the candidate							
	Name Candid									
	Candid Party A	date Office House Senate President	State District							
(c	)	This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Nam Cand	ne of didate								
P	Party Committee:									
(d	)	This committee is a (National, State or subordinate) committee of the Republication	itic, in, etc.) Party							
P	olitica	al Action Committee (PAC):								
(e	)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:							
		Corporation Corporation w/o Capital Stock Labor	Organization							
		Membership Organization Trade Association Coope	erative							
		In addition, this committee is a Lobbyist/Registrant PAC.								
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted 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.)								
(g	) <b>x</b>	This committee is an independent expenditure-only political committee (Super PAC).								
		In addition, this committee is a Lobbyist/Registrant PAC.								
(h	)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).							
		In addition, this committee is a Lobbyist/Registrant PAC.								
J	oint F	Fundraising Representative:								
(i)		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.	or more political							
(j)		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.	or more political							
	Com	mittees Participating in Joint Fundraiser								
	1	C								

	FEC Form 1 (Revised 0	2/2009)	Page 3								
٧	Vrite or Type Committee Name	_									
	CFE Action Fu										
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor										
	NONE										
	Mailing Address										
		I									
		CITY ▲ STATE	E ▲ ZIP CODE ▲								
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repre									
	nelationship.	Organization Anniated Organization Joint Fundraising Repre	Leadership FAC Sponso								
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the p	person in possession of committee								
	Williamson,	Les, , ,									
	Full Name										
	Mailing Address	1305 W 11th Street									
		#217									
		Houston   TX	77008								
	Title or Position ▼	CITY ▲ STATE	E ▲ ZIP CODE ▲								
	Treasurer	Telephone number	214 - 676 - 7442								
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the commissistant treasurer).	nittee; and the name and address of								
	Full Name Williamson	Full Name Williamson, Les, , ,									
	of Treasurer										
	Mailing Address	1305 W 11th Street									
		#217									
		Houston TX	77008								
	Title or Position ▼	CITY ▲ STATE	E ▲ ZIP CODE ▲								
			. 214 675 7440								
	Treasurer	Telephone number	214 - 676 - 7442								

FEC Form 1 (Revised (	02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone r	number	
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the commitains funds.	ittee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, e	etc.		
Chain E	Bridge Bank, NA		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 22101	
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲