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 Founders Committee 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 2020 C00754424 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cai	ndidate	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. (Compinformation below.)	lete 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.	
	ne of didate		
Par	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, depublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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 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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	COLLINS FOR SENATOR	14575
	2.	COTTON FOR SENATE, INC. FEC ID number C C0049	99988
	3.	STEVE DAINES FOR MONTANA FEC ID number C C0049	91357
	4.	JONI FOR IOWA C C0054	6788

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Write or Type Committee Name	e e	
The Founders (Committee	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in poss	session of committee
Williamsor	n, Les, , ,	
Mailing Address	1305 W 11th St	
Mailing Address	#213	
	Houston TX 77008	
Title or Position	CITY STATE 2	ZIP CODE
Treasurer	Telephone number	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 nan assistant treasurer).	ne and address of
Full Name Williamson of Treasurer	n, Les, , ,	
Mailing Address	1305 W 11th St	
	#213	
	Houston TX 77008	
Title or Position Treasurer		71P CODE 7442

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FEC Forr	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number]
safety deposit be	oxes or maintains funds.	s, holds accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit be	oxes or maintains funds. Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	2101
safety deposit be Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE	2101
safety deposit be Name of Bank, Mailing Address	Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE	2101
safety deposit be Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	2101
Safety deposit be Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	2101
Safety deposit be Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc.	2101

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5(g)	or(h). Joint Fundraisin			
	1. L L L L L L	ER FOR SENATE	FEC ID number	C C00492454
	2. TEAM GRAHAI	M, INC.	FEC ID number	C C00458828
	JOHN JAMES I	FOR SENATE, INC.	FEC ID number	C C00651208
		OR KELLY LOEFFLER	FEC ID number	C C00729608
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
		1		
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Join	t Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION	CITY A	STATE ▲	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito	CITY ▲ ries: List all banks or other depositories in which aintains funds.	STATE ▲	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank,	CITY ▲ ries: List all banks or other depositories in which aintains funds.	STATE A relephone Number the committee deposit	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.	CITY ▲ ries: List all banks or other depositories in which aintains funds.	STATE A relephone Number the committee deposit	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.	CITY ▲ ries: List all banks or other depositories in which aintains funds.	STATE A relephone Number the committee deposit	

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1. MCSALLY FOR	SENATE COMMIT				
	SENATE INC		J	O number	C C00193342
2. PERDUE FOR			J	O number	C C00666040
3.			J	O number	C C00547570
4. ROUNDS FOR	SENATE		FEC II	O number	C C00532465
Name of Any Connected	Organization. Affiliated	d Committee. Joint Fu	ndraising Re	oresentativ	ve, or Leadership PAC Spons
1					
Mailing Address	1				
Mailing Address					
			1		
		OIT)/ A		STATE A	ZIP CODE ▲
Relationship:	l Organization Affili	CITY A sated Committee	oint Fundraisin	g Represent	tative Leadership PAC Sp
Connecte Designated Agent: Identif		ated Committee J		g Represent	tative Leadership PAC Sp
Connecte Designated Agent: Identif Full Name		ated Committee J		g Represent	tative Leadership PAC Sp
Connecte Designated Agent: Identif		ated Committee J		g Represent	Leadership PAC Sp
Connecte Designated Agent: Identif Full Name		ated Committee J		g Represent	Leadership PAC Sp
Connecte Designated Agent: Identif Full Name Mailing Address	by name, address (ph	one number – optional)			
Connecte Designated Agent: Identif Full Name	by name, address (ph	ated Committee J		STATE A	Leadership PAC Sp

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	ing Participant:		
1.	OR DAN SULLIVAN	FEC ID number	C C00570994
2.	COMMITTEE	FEC ID number	C C00545772
3. ARIZONA RE	PUBLICAN PARTY	FEC ID number	C C00008227
4. COLORADO F	REPUBLICAN COMMITTEE	FEC ID number	C C00033134
Name of Any Connected	d Organization, Affiliated Committee, Joint Fo	undraising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Joint Fundraising Representa	
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITIO	cories: List all banks or other depositories in whaintains funds.	Telephone Number	s funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Depositions afety deposit boxes or not boxes or not boxes. Name of Bank, Depository, etc.	cories: List all banks or other depositories in whaintains funds.	Telephone Number	s funds, holds accounts, rents

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5(g)	or(h). Joint Fundraisir	ng Participant: PARTY OF FLORIDA		
	1.		FEC ID number	C C00099259
	2. REPUBLICAN	PARTY OF IOWA	FEC ID number	C C00014498
	REPUBLICAN	PARTY OF KENTUCKY	FEC ID number	C C00156810
	4. MAINE REPUB	BLICAN PARTY	FEC ID number	C C00003111
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number - optional)		
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	1	ZIP CODE A
8.	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tel pries: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY CITY Tel pries: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail Name of Bank,	CITY CITY Tel pries: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Tel pries: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Tel pries: List all banks or other depositories in which t	ephone Number	

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1.	OLINA REPUBLICAN PARTY		C C00038505
		FEC ID number	
2	DERAL COMMITTEE OF PENNSYLVANIA	FEC ID number	C C00044842
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	I Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
		pint Fundraising Represent	
ooignatou rigonti raona	fy by name, address (phone number - optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (pnone number – optional)		
Full Name	y by name, address (pnone number – optional)		
Full Name	y by name, address (pnone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY ▲ pries: List all banks or other depositories in white anintains funds.	STATE A Telephone Number	s funds, holds accounts, ren
Full Name Mailing Address TITLE OR POSITION	CITY ▲ pries: List all banks or other depositories in white anintains funds.	STATE Telephone Number ch the committee deposit	s funds, holds accounts, ren
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A cries: List all banks or other depositories in whi aintains funds.	STATE Telephone Number ch the committee deposit	s funds, holds accounts, ren