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STATEMENT	OF
ORGANIZAT	ION

FEC FORM 1		STATEMEN ORGANIZ		Of	PAGE 1 / 6
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	erson fo	or VA, Inc.			
ADDRESS (number a	nd street)	PO Box 330			
(Check if a is changed					
	,	Fredericksburg └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └		VA   224     STATE ▲	04 
COMMITTEE'S E-MA	AIL ADDRES	S			
(Check if a is changed		les@leswilliamson.com			
Ū	,	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB	address	RESS (URL)			
2. DATE 05	5 / D	2024			
3. FEC IDENTIFIC	Cation NU	MBER ► C co	00791574		
4. IS THIS STATEM	MENT	NEW (N) OR	X AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name	of Treasurer	Williamson, Les, , ,			
Signature of Treasure	er Williar	nson, Les, , ,		Date 05	D D / Y Y Y Y 21 2024
NOTE: Submission of	false, errone		may subject the person signing		penalties of 52 U.S.C. §30109
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Anderson, Derrick, , Candidate State VA Candidate Office REP House Senate President Party Affiliation Sought: District 07 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 segregated fund or party committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) (g) This committee is an independent expenditure-only political committee (Super 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.

In addition, this committee is a Lobbyist/Registrant PAC.

## Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
Ν	rite or Type Committee Name		
	Derrick Anderson	n for VA, Inc.	
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	Grow the Majority		
	Mailing Address	228 S Washington Street	
		Ste. 115	
		Alexandria VA 22314	
		CITY ▲ STATE ▲ ZIF	CODE 🔺
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	lership PAC Spons

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	Williamson	, Les, ,	,																								
Full Name																											
Mailing Address			30x 33	30																							
		Fred	ericks	sburg	<b>)</b> 											V	'A 		2	240	)4						
						(	CIT	Y 🔺							5	STA	ΤE					Zľ	ΡC	E 4			
Title or Position	,																										
Treasurer											Tele	epho	one	nu	ımb	er		214	4		L	676	6		744	2	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Williamson, Les, , ,
Mailing Address	PO Box 330
	Fredericksburg         VA         22404
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number     214     676     7442

FEC Form 1 (Revised 02	/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Chain Bridge Bank NA											
Mailing Address	1445-A Laughlin Avenue											
	McLean	VA 22	2101									
	CITY 🔺	STATE A	ZIP CODE									
Name of Bank, Depository, etc.												
	Forbright Bank											
Mailing Address	4445 Willard Ave											
	Ste. 1000											
	Chevy Chase	MD 20	815									
	CITY A	STATE A	ZIP CODE									

FEC Form 1S (Revised 02/2017)

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

5(g) or	(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number
	4.		FEC ID number
- 6. I	Name of Any Connected	Organization Affiliated Committee Joint Fundr	aising Representative, or Leadership PAC Sponsor
0.	Scalise Leadership F		
	Mailing Address	320 1st St SE	
		Washington	DC   20003
	Relationship:		STATE A ZIP CODE A
	Connected	d Organization	Fundraising Representative Leadership PAC Sponsor
8. <b>C</b>	Designated Agent: Identify	y by name, address (phone number – optional)	
	Mailing Address		
	TITLE OR POSITION		STATE A ZIP CODE A
		1	lephone Number
_			
	Banks or Other Deposito safety deposit boxes or ma		the committee deposits funds, holds accounts, rents
	Name of Bank, Depository, etc.		
	Mailing Address		
			STATE ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

) or (h).	Joint Fundraising	g Participant:						
1.				FEC II	D number	С		
2.				FEC II	D number	С		
3.				FEC II	D number	С		
4.				 _  FEC II	D number	С		
4. [								
Namo	of Any Connected	Organization A	Affiliated Committee, Joint	Fundraising Po	procontativo	or Loadou	rehin BAC Si	onsor
	· Veterans Fund 20				Jiesemanve,	, of Leader		5011301
	Asilias Aslalassa	PO Box 2614	.1					
IV	lailing Address							
		Alexandria				22313		
R	elationship:		CITY A		STATE 🔺		ZIP CODE	<b></b>
	Connected	Organization	Affiliated Committee	<ul> <li>Joint Fundraisin</li> </ul>	g Representat	tive L	eadership PAC	C Sponso
	Name							
Mai	iling Address							
ΤΓ	TLE OR POSITION	•	CITY A		STATE 🔺	2	ZIP CODE 🔺	
				Telephone N	lumber			
Banks	or Other Depositor	<b>ies.</b> List all han	nks or other depositories in	which the comm	ittee denosits	funds hol	de accounte	ronts
	deposit boxes or mai						do docounto,	Terns
	of Bank, ory, etc.							
1	Mailing Address							
I	Mailing Address							
ſ	Mailing Address							
ſ	Mailing Address							