Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Friends of Ben Sasse 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 03 2020 C00705707 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 03 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

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TYPE OF COMMITTEE							
	didate	e Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	X	This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	e the candidate				
Name Cand		Sasse, Benjamin, E, ,					
Cand		Office REP Sought: House X Senate President	State				
Party	Affiliation	tion REP Sought: House X Senate President	District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand							
Part	y Con	mmittee:					
(d)			mocratic, publican, etc.) Party.				
Polit	tical A	Action Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a					
		Corporation Corporation w/o Capital Stock	abor Organization				
		Membership Organization Trade Association C	poperative				
		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.)					
Joint Fundraising Representative:							
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	more political				
	Com	committees Participating in Joint Fundraiser					
	1.						
	2.	FEC ID number C					
	3.	FEC ID number					
	4.	FEC ID number					

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Write or Type Committee Nar	me	
Friends of Ber	າ Sasse	
. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the person	in possession of committee
Williams	son, Les , , ,	
Mailing Address	1305 W 11th St	
Ü	#213	
	Houston TX 7	7008
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 214	_ 676 _ 7442
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and ., assistant treasurer).	the name and address of
Full Name Williams of Treasurer	son, Les, , ,	
Mailing Address	1305 W 11th St	
	 #213	
		7008 _ _ _ _ _ _ _ _ _ _

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Full Name of Designated Agent							
Mailing Address							
	CITY STATE ZI	IP CODE					
Title or Position	Telephone number						
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							
Mailing Address	1445-A Laughlin Avenue						
	McLean VA 22101						
	CITY STATE Z	IP CODE					
Name of Bank, Depository,	etc.						
Mailing Address							
	CITY STATE Z	IP CODE					