Only

PAGE 1 / 4 =

FEC FORM 1		ORGANIZ			Office Use Only
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	olitic ese only
Team Hage					
ADDRESS (number a	nd street)	PO Box 50430			
	RESS (number and street) (Check if address is changed)				
is changed)		Nashville CITY		TN 37	7205
COMMITTEE'S E-MA	AIL ADDRE	ESS			
(Check if a is changed	address	les@leswilliamson.cor	m 		
S .	,	Optional Second E-Mail Ac	ddress		
COMMITTEE'S WEB (Check if a is changed	address	DDRESS (URL)			
2. DATE 1	4 0	9 / 2021			
3. FEC IDENTIFIC	CATION N	UMBER ▶ C C	C00788448		
4. IS THIS STATEM	MENT	NEW (N) OR	x AMENDED (A)		
certify that I have e	examined t	his Statement and to the bes	t of my knowledge and belief i	t is true, correct ar	nd complete.
Type or Print Name	of Treasure	er Williamson, Les, , ,			
Signature of Treasure	er <i>Willi</i>	amson, Les, , ,	[Electronically Filed]	Date 11	09 / 2021
NOTE: Submission of	false, erron		may subject the person signing		e penalties of 2 U.S.C. §437g.
Office Use			For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cai	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.)	olete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
			District
(c)	ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Pol	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.)	
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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	TEAM HAGERTY FEC ID number C C00	718627
	2.	SENATE EAGLE PAC FEC ID number C C007	719971
	3.	NRSC FEC ID number C C000	027466
	4.		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na		. 9
Team Hagerty	Victory	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: le books and records. 	dentify by name, address (phone number optional) and position of the person in	n possession of committee
	son, Les, , ,	
Full Name	PO Box 50430	
Mailing Address		
	Nashville TN 372	205
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 676 - 7442
. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the committee; and the committee and the c	e name and address of
Full Name Williams of Treasurer	son, Les, , ,	
Mailing Address	PO Box 50430	
	Nashville TN 372 CITY STATE	05 ZIP CODE
Title or Position Treasurer	Telephone number	- 676 - 7442

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, D		
safety deposit box	xes or maintains funds.	
safety deposit box Name of Bank, D	BB&T/Truist 300 S Washington Street	
safety deposit box Name of Bank, D	BB&T/Truist 300 S Washington Street Alexandria VA 22314	IP CODE
safety deposit box Name of Bank, D	BB&T/Truist 300 S Washington Street Alexandria CITY STATE Z	
safety deposit box Name of Bank, D Mailing Address	BB&T/Truist 300 S Washington Street Alexandria CITY STATE Z	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. BB&T/Truist 300 S Washington Street Alexandria CITY STATE Z Depository, etc.	
safety deposit box Name of Bank, D Mailing Address	BB&T/Truist 300 S Washington Street Alexandria CITY STATE Z Pinnacle Financial Partners	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. BB&T/Truist 300 S Washington Street Alexandria CITY STATE Z Depository, etc. Pinnacle Financial Partners 4328 Harding Pike	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	BB&T/Truist 300 S Washington Street Alexandria CITY STATE Z Pinnacle Financial Partners	