Only

PAGE 1/6

STATEMENT OF **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. Bill Cassidy for US Senate PO Box 80505 ADDRESS (number and street) (Check if address is changed) **Baton Rouge** 70898-0505 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address les@leswilliamson.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.BillCassidy.com (Check if address is changed) DATE 2025 C00543983 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Aronson, Laurie, Lipsey, Date 05 07 2025 Signature of Treasurer Aronson, Laurie, Lipsey, , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate 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 the information below.)	candidate
	Name of Cassidy, William, M., ,	
	Candidate Party Affiliation REP Office Sought: House X Senate President	State LA District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	rganization
	Membership Organization Trade Association Cooperate	tive
	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 committee. (i.e., nonconnected committee)	I 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) 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 PA	C).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

1	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name Bill Cassidy for U			
6.		rganization, Affiliated Committee, Joint	t Fundraising Representative or I	eadership PAC Sponsor
0.	Cassidy Leadership I		t rundialsing nepresentative, of L	Leadership FAC Sponsor
	Mailing Address	PO Box 80505		
		1		
		Baton Rouge	LA LA	70898
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Representative	Leadership PAC Sponse
	netationship.	Allillated Organization	Joint Fundaising Representative	Leadership FAC Sponsi
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number op	ntional) and position of the person in p	possession of committee
	Williamson	, Les, , ,		
	Full Name			
	Mailing Address	PO Box 80505		
		Baton Rouge	LA L	70898
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Assistant Treasurer		Telephone number 214	_ 676 _ 7442
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the committee; and	I the name and address of
	Full Name Aronson, L	aurie, Lipsey, ,		
	of Treasurer			
	Mailing Address	PO Box 80505		
		Baton Rouge	LA LA	70898-5016
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Williamson, Les, , ,		
Mailing Address	PO Box 80505		
	Baton Rouge	LA L	70898
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	rer	ne number 214	4 - 676 - 7442
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the coxes or maintains funds.	mmittee deposits fur	nds, holds accounts, rents
Name of Bank, D	Pepository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	First Horizon		
Mailing Address	3700 Essen Lane		
	Baton Rouge	LA LA	70809
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Paga	of ⁶
Page	OT 3

1.			
		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
LA Victory			
Mailing Address	PO Box 80505		
	Baton Rouge	LA LA	70898
			ZIP CODE ▲
		STATE ▲ t Fundraising Represent	
Connected Pesignated Agent: Identify			
Connected	Organization Affiliated Committee X Join		
Connected Designated Agent: Identify Full Name	Organization Affiliated Committee X Join		
Connected Pesignated Agent: Identify Full Name	Organization Affiliated Committee X Join		
Pesignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee X Join by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
Connected Designated Agent: Identify Full Name	Organization Affiliated Committee X Join by name, address (phone number – optional) CITY		

FEC Form 1S (Revised 02/2017)

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

	of 6
Page	of o

h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		,	
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
One Team Senate N	lajority		
<u> </u>			
	404 Office Deals Deiss		
Mailing Address	421 Office Park Drive		
	Mountain Brook	AL	35223
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X July by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whitaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whitaintains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whitaintains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whitaintains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A