04/12/2022 09 : 11

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FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Hoosier Values			
ADDRESS (number and street)	1305 W 11th St		
(Check if address	#213		
is changed)	LHouston CITY ▲		TX 77008   STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	RESS		
(Check if address is changed)	les@leswilliamson.com		
	Optional Second E-Mail Add	ress	
COMMITTEE'S WEB PAGE A (Check if address is changed)	ADDRESS (URL) HoosierValues.org		
2. DATE 04	12 / Y Y Y Y 12 2022		
3. FEC IDENTIFICATION	NUMBER ► C CO	0812347	
4. 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	s true, correct and complete.
Type or Print Name of Treasu	Jrer Williamson, Les, , ,		
Signature of Treasurer	illiamson, Les, , ,	[Electronically Filed]	Date 04 / D D / Y Y Y Y 2022
NOTE: Submission of false, err		nay subject the person signing thi N SHOULD BE REPORTED WIT	is Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further information cor Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

-		
FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C	OMMITTEE	
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. (Comp information below.)	lete the candidate
Name of Candidate		
Candidate Party Affiliatio	on Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)		Democratic, epublican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	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.)	
Joint 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	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

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Write or Type Committee Name

## **Hoosier Values**

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address										
		STATE	ZIP CODE							
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor										

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

Williamsor	, Les, , ,
Full Name	
Mailing Address	1305 W 11th St
	<b>#213</b>
	Houston TX 77008
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number

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	1305 W 11th St
	#213
	Houston
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 214 676 7442

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			I	I		1							 										1							
Mailing Address																														
			L																1									1		
					1			1	1												1		L					1		
	CITY														ST	AT E				ZI	ΡC	DE								
Title or Position																														
															Tele	eph	ione	e n	uml	ber										

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   22101   -	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: