FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Derrick Anderson for VA, Inc. PO Box 330 ADDRESS (number and street) (Check if address is changed) Fredericksburg 22404 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) https://derrickanderson.com/ (Check if address is changed) DATE 2024 C00791574 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 Williamson, Les,, Date 09 23 2024 Signature of Treasurer Williamson, Les, , , 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

| EC Form 1 (Revised 03/2022) | Page 2 |
|---|-------------------------------|
| TYPE OF COMMITTEE: | |
| Candidate Committee: | |
| (a) X 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. (Comple information below.) | te the candidate |
| Name of Candidate Anderson, Derrick, , , | |
| Candidate Party Affiliation REP Office Sought: X House Senate President | State VA District 07 |
| (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 Republ | cratic, lican, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr | nected organization is a: |
| Corporation Corporation w/o Capital Stock Lab | oor Organization |
| Membership Organization Trade Association Cod | operative |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee) | egated 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 (Hybr | id 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 to committees/organizations, at least one of which is an authorized committee of a federal candidate. | · · |
| This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political |
| Committees Participating in Joint Fundraiser | |
| 1 C | |

| _ | FEC Form 1 (Revised 0) | 2/2009) | | Page 3 |
|----|---|--|----------------------------|-----------------------------------|
| W | Irite or Type Committee Name | | | |
| | Derrick Andersor | n for VA, Inc. | | |
| 6. | | ganization, Affiliated Committee, Joint Fu | ndraising Representat | ive, or Leadership PAC Sponsor |
| | Derrick Anderson Vic | tory Fund | | |
| | | | | |
| | | | | |
| | Mailing Address | PO Box 330 | | |
| | | | | |
| | | Fredericksburg | VA VA | 22404 |
| | | CITY ▲ | STATE | ▲ ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization X | Joint Fundraising Repres | sentative Leadership PAC Sponso |
| | Ticiationship. | Signification Anniated Organization | Tome Tundraising Tropics | Ecadership 1 AO Oponse |
| | | | | |
| 7. | Custodian of Records: Identification books and records. | fy by name, address (phone number optiona | al) and position of the pe | rson in possession of committee |
| | books and roosids. | | | |
| | Williamson, Full Name | Les, , , | | |
| | ruii Name | PO Box 330 | | |
| | Mailing Address | | | |
| | | | | |
| | | Fredericksburg | VA VA | 22404 |
| | | CITY ▲ | STATE | ▲ ZIP CODE ▲ |
| | Title or Position ▼ | 5111 = | OIAIL | |
| | Treasurer | 1 | | 214 676 7442 |
| | | | Telephone number | |
| 8. | Traccurer List the name and | l address (phone number optional) of the | transurar of the commi | ttoo; and the name and address of |
| Ο. | any designated agent (e.g., a | | treasurer of the commi | uee, and the hame and address of |
| | Full Name Williamson, | Les, , , | | |
| | of Treasurer | | | |
| | Mailing Address | PO Box 330 | | |
| | | | | |
| | | Fredericksburg | VA | 22404 |
| | | CITY ▲ | STATE | ▲ ZIP CODE ▲ |
| | Title or Position ▼ | OH 1 = | SIAIE | ZIF CODE |
| | Treasurer | | Telephone number | 214 676 7442 |

| | FEC Form 1 | (Revised 02/2009) | | Page 4 |
|---|-------------------------------------|---|--------------------------|----------------------|
| | Full Name of Designated Agent | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Title or Position | | | |
| | | Telephone n | umber | |
| • | | Depositories: List all banks or other depositories in which the comm ses or maintains funds. | ittee deposits funds, ho | olds accounts, rents |
| | Name of Bank, D | epository, etc. | | |
| | | Chain Bridge Bank NA | | |
| | Mailing Address | 1445-A Laughlin Avenue | | |
| | | | | |
| | | McLean | VA 2210 | 1 |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Name of Bank, D | epository, etc. | | |
| | | Forbright Bank | | |
| | Mailing Address | 4445 Willard Ave | | |
| | | Ste. 1000 | | |
| | | Chevy Chase | MD 20815 | 5 |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | | | |

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

Page ___ **of** ____

| h). Joint Fundraisi | ig i aiticipant. | | | |
|--|---|----------------------|----------------------|---------------------------|
| 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 Commi | ttee, Joint Fundrais | ing Representative | e, or Leadership PAC Spon |
| Grow the Majority | | | | |
| | | | | |
| Mailing Address | 228 S Washington Street | | | |
| | Ste. 115 | | | |
| | Alexandria | | , VA | 22314 |
| Relationship: | CITY 4 | | STATE ▲ | ZIP CODE ▲ |
| | d Organization Affiliated Com | | ndraising Representa | Leadership PAC Sp |
| | | | ndraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | | ndraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | | ndraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | | | ndraising Representa | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address | by by name, address (phone number) | | ndraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | by by name, address (phone number) | per – optional) | | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | city by name, address (phone numbers) CITY CITY pries: List all banks or other deponantains funds. | per – optional) | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | cy by name, address (phone numbers) CITY CITY Ories: List all banks or other depositions funds. | per – optional) | STATE A | ZIP CODE A |

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| h). Joint Fundraisi | 3 | | |
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| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
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| ame of Any Connected, GT Farm Team 2024 | Organization, Affiliated Committee, Joint F | undraising Representativ | e, or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | PO Box 30844 | | |
| | | | |
| | Bethesda | MD | 20824 |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| | Affiliated Committee X by by name, address (phone number – optional | Joint Fundraising Represen | ative Leadership PAC Sp |
| | | | tative Leadership PAC Sp |
| esignated Agent: Identi | | | Leadership PAC Sp |
| esignated Agent: Identi | | | Leadership PAC Sp |
| esignated Agent: Identi | | | Leadership PAC Sp |
| esignated Agent: Identi | y by name, address (phone number – optiona | | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address | y by name, address (phone number – optiona | al) | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | cories: List all banks or other depositories in waintains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, | cories: List all banks or other depositories in waintains funds. | STATE Telephone Number thich the committee deposit | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cories: List all banks or other depositories in waintains funds. | STATE Telephone Number thich the committee deposit | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cories: List all banks or other depositories in waintains funds. | STATE Telephone Number thich the committee deposit | ZIP CODE A |

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| 1. | | | |
|---|---|----------------------------------|----------------------------|
| | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| | | | |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Spons |
| NRCC Victory 2024 | | | |
| <u> </u> | | | |
| | 320 First Street SE | | |
| Mailing Address | | | |
| | | | |
| | Washington | DC | 20003 |
| | | OTATE A | ZIP CODE ▲ |
| | Organization | STATE ▲ t Fundraising Representa | |
| Connected | Organization Affiliated Committee X Join | | |
| Connected esignated Agent: Identify | Organization Affiliated Committee X Join | | |
| esignated Agent: Identify Full Name | Organization Affiliated Committee X Join | | |
| esignated Agent: Identify Full Name | Organization Affiliated Committee X Join | | |
| esignated Agent: Identify Full Name Mailing Address | Organization Affiliated Committee X Join by name, address (phone number – optional) | | |
| esignated Agent: Identify Full Name | Organization Affiliated Committee X Join by name, address (phone number – optional) CITY | t Fundraising Representa | ative Leadership PAC Sp |

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| (h). Joint Fundraisi | ng Participant: | | |
|---|--|---------------------------|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| lame of Any Connector | l Organization, Affiliated Committee, Joint Fun | draining Poprocentative | o or Londorphin PAC Spone |
| Scalise Leadership I | | | e, or Leadership FAC Spons |
| | | | |
| Mailing Address | 320 1st St SE | | |
| | | | |
| | Washington | DC | 20003 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connecte | | int Fundraising Represent | ative Leadership PAC Sp |
| Connecte | ed Organization Affiliated Committee X Jo | int Fundraising Represent | ative Leadership PAC Sp. |
| Connecte esignated Agent: Identi | ed Organization Affiliated Committee X Jo | int Fundraising Represent | ative Leadership PAC Spo |
| esignated Agent: Identi | ed Organization Affiliated Committee X Jo | int Fundraising Represent | Leadership PAC Spo |
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| esignated Agent: Identi | Affiliated Committee X Jo | int Fundraising Represent | Leadership PAC Spo |
| esignated Agent: Identi Full Name Mailing Address | Affiliated Committee X Jo fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | Affiliated Committee X Jo fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which an intains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | Affiliated Committee X Jo fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which an intains funds. | STATE A Telephone Number | ZIP CODE A |

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| h). Joint Fundraisi | ig Participant: | | |
|---|--|-----------------------------|--|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fo | undraising Representativ | e, or Leadership PAC Spon |
| Virginia Victory Fund | I 2024 | | |
| | | | |
| Mailing Address | 228 S Washington Street | | |
| | Ste. 115 | | |
| | Alexandria | VA VA | 22314 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connecte | | Joint Fundraising Represent | ative Leadership PAC Sp |
| Connecte | ed Organization Affiliated Committee | | ative Leadership PAC Sp |
| Connecte esignated Agent: Identi | ed Organization Affiliated Committee | | ative Leadership PAC Sp |
| esignated Agent: Identi | ed Organization Affiliated Committee | | ative Leadership PAC Sp |
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| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | Affiliated Committee fy by name, address (phone number – optional CITY CITY pries: List all banks or other depositories in what aintains funds. | STATE A Telephone Number | ZIP CODE A ts funds, holds accounts, rent |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc. | Affiliated Committee fy by name, address (phone number – optional CITY CITY pries: List all banks or other depositories in what aintains funds. | STATE A Telephone Number | ZIP CODE A ts funds, holds accounts, rent |

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| 1 | | g Participant: | | | | |
|----------------|-------------------|--------------------|------------------------|-----------------|-------------|----------------------------|
| | | | | FEC ID | number | C |
| 2 | | | | FEC IE | number | C |
| 3. | | | | FEC IE | number | С |
| 4. | | | 1 1 1 1 1 1 1 1 | FEC ID | number | С |
| lama of | · Any Connected (| Organization Affil | isted Committee Joint | Fundraicing Par | recentative | e, or Leadership PAC Spons |
| | /eterans Fund 20 | _ | iated Committee, Joint | | | |
| | | | | | | |
| Mailing Addres | iling Address | PO Box 26141 | | | | |
| | | | | | | |
| | | Alexandria | | | VA | 22313 |
| Rel | lationship: | | CITY A | | STATE A | ZIP CODE ▲ |
| | . 1 | | | | | |
| Full N | Name | | | | | |
| | Name | | | | | |
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| Mailir | | | CITY A | | STATE A | ZIP CODE A |