Only

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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. Friends of Shelley Moore Capito PO Box 60148 ADDRESS (number and street) (Check if address is changed) Washington 20039 DC 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 2020 C00705491 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] 06 15 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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	COMMITTEE ate 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. (Con information below.)	ipiete the candidate
Name of Candidat	Capito, Shelley, Moore, ,	
Candidat	e Office	State
Party Aff	DED Times	-
(5)	This committee comments (comments and committee and in NOT are continued committee	District
(c) Name of	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Candidat		
Party C	Committee:	/Damas:-ti-
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	I Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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 so	egregated fund or party
(1)	committee. (i.e., nonconnected committee)	egregated faile 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 Fu	Indraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the	wo or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	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
C	ommittees Participating in Joint Fundraiser	
1		
2	FEC ID number	
3	FEC ID number	
4		

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Write or Type Committee Name		<u> </u>
Friends of Shell	ey Moore Capito	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in	n possession of committee
Williamson,	Les, , ,	
Mailing Address	PO Box 60148	
	Washington DC 200	)39
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 214	- 676 - 7442
. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the sistant treasurer).	ne name and address of
Full Name Williamson, of Treasurer	Les, , ,	
Mailing Address	PO Box 60148	
	Washington DC 200	
Title or Position Treasurer	CITY STATE  Telephone number	ZIP CODE - 676 - 7442

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE ZIP	CODE
Title or Position		
	Telephone number	
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits funds holds ac	counts, rents
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds acoxes or maintains funds.	counts, rents
, , , , , , ,		
Name of Bank, I	Depository, etc.	
Name of Bank, [		
Name of Bank, [	Chain Bridge Bank	
Name of Bank, I		
	Chain Bridge Bank	
	Chain Bridge Bank	
	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 22101	P CODE
	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  ZIP	P CODE
Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  ZIP	CODE
Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  ZIP	CODE
Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  ZIP	CODE
Mailing Address  Name of Bank, [	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  ZIP	CODE
Mailing Address  Name of Bank, [	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  ZIP	CODE