Only

PAGE 1/4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Wyoming Senate Republican Nominee Fund - Cynthia Lummis 1305 W 11th St ADDRESS (number and street) #213 (Check if address is changed) Houston 77008 TX 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 C00705467 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] 20 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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FEC Form 1 (Revised 02/2009)	Page <b>2</b>
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. (Compinformation below.)	plete the candidate
Name of Lummis, Cynthia, Marie, Mrs.,	
Candidate Party Affiliation  REP  Office Sought: House  Fresident	State WY District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	Domocratic
	Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	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 secommittee. (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.)	
Joint Fundraising 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
Committees Participating in Joint Fundraiser	
1. FEC ID number C	
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1. FEC ID number C	

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١٨	FEC Form 1 (Revised Confrite or Type Committee Name		Page 3
		te Republican Nominee Fund - Cynthia Lum	mie
		<u> </u>	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	O PAC SPONSOR
L			
L			
	Mailing Address		
		CITY STATE ZI	P CODE
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
'.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in posse	ssion of committee
	Williamson	, Les, , ,	, , , , , , , <b>,</b> ,
		1305 W 11th St	
	Mailing Address	<b>#213</b>	
		Houston TX 77008	.  -
	Tu		
	Title or Position	CITY STATE ZI	P CODE
	Treasurer	Telephone number 214 – 67	6 7442
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
	Full Name Williamson	Les, , ,	1
	of Treasurer	1305 W 11th St	
	Mailing Address	#213	
			CODE
	Title or Position Treasurer	Telephone number 214 - 670	

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	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
		1 1-1
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Name of Bank,	Chain Bridge Bank	
. g : 300	1	
J	McLean VA	22101
3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	McLean VA STATE	22101
Name of Bank,	CITY STATE	
	CITY STATE	ZIP CODE
	CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	CITY STATE  Depository, etc.	ZIP CODE