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. Salazar for Congress 3725 West Flagler Street ADDRESS (number and street) #281 (Check if address is changed) Miami 33134 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) (Check if address is changed) DATE 2025 C00714261 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 07 15 2025 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. (Complete the information below.)	candidate
Name of Candidate Salazar, Maria, Elvira, ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State FL District 27
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 21
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 Cooperation	
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 C	
C	

_	FEC Form 1 (Revised 02	2/2009)	Page 3
V	Vrite or Type Committee Name		
	Salazar for Cong	ress	
6.		ganization, Affiliated Committee, Joint Fundraising Repres	sentative, or Leadership PAC Sponsor
	American Battlegrour	d Fund	
	1		
		20.2	
	Mailing Address	PO Box 30844	
		Bethesda	MD 20824
		CITY A	STATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising	
	Connected	Alimated Organization South Fundralsing	Leadership FAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of	the person in possession of committee
	books and records.		
	Williamson,	Les, , ,	
		3725 West Flagler Street	
	Mailing Address		
		#281 	
		Miami	FL
		CITY ▲	STATE ▲ ZIP CODE ▲
	Title or Position ▼	5 –	211 332 -
	Treasurer	Telephone numb	214 676 7442
			Jei
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., a		
	Full Name Williamson,	Les, , ,	
	of Treasurer		
	Mailing Address	3725 West Flagler Street	
		#281 	
		Miami	FL 33134
		CITY A	STATE ▲ ZIP CODE ▲
	Title or Position ▼	OHT A	SIAIE A ZIF CODE A
	Treasurer	Telephone numb	ber 214 - 676 - 7442

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Full Name of Designated Agent			
Mailing Address			
		STATE ▲	ZIP CODE ▲
Title or Position	▼		
	Telephone numb	ber	
. Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee exes or maintains funds.	e deposits fu	inds, holds accounts, rents
Name of Dank, L	рерозногу, етс.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Avenue		
	McLean	VA	22101
	CITY ▲ S	STATE A	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	First American Bank		
Mailing Address	PO Box 0794		
	Elk Grove Village	L IL	60009
	CITY ▲	STATE A	ZIP CODE ▲

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

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h). Joint Fundraisi	ng raiticipant.		
1.		FEC ID numbe	r C
2.		FEC ID numbe	r C
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
ame of Any Connected	l Organization, Affiliated Committee, Joint F	undraising Representat	tive, or Leadership PAC Spon
GOP Winning Wome	en 2024		
Mailing Address	228 S Washington Street		
	Ste. 115		<u> </u>
	Alexandria	VA	22314
Relationship:	CITY A	STATE	▲ ZIP CODE ▲
Connecte		Joint Fundraising Represe	entative Leadership PAC Sp
Connecte	Affiliated Committee X fy by name, address (phone number – optional		entative Leadership PAC Sp
Connecte esignated Agent: Identi			entative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		
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 content of the conten	STATE A	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.	fy by name, address (phone number – optional content of the conten	STATE A	ZIP CODE A

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

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h). Joint Fundraisin	g Participant:		
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 Fundr	aising Representative	e, or Leadership PAC Spons
GOP Winning Women	n 2026		
Mailing Address	228 S Washington St		
	Ste 115		
Relationship:	Alexandria CITY	VA STATE ▲	22314 ZIP CODE A
riciationship.	OH F	SIAIE	ZIF CODE A
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
esignated Agent: Identify		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identify		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identify		Fundraising Represent	Leadership PAC Spo
esignated Agent: Identify	y by name, address (phone number – optional)		
esignated Agent: Identify	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

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(h). Joint Fundraisi	ng Participant:			
1.			FEC ID number	C
2.			FEC ID number	С
3			FEC ID number	С
4.			FEC ID number	С
		mmittee, Joint Fundr	aising Representativ	re, or Leadership PAC Spons
Hispanic Leadership				
Mailing Address	PO Box 341027			
	, Austin		, , , , , , TX ,	78734
	CI		STATE ▲ Fundraising Represent	
Connecte	Cl' d Organization Affiliated	Committee X Joint		
Connecte Pesignated Agent: Identi	Cl' d Organization Affiliated	Committee X Joint		
Connecte Pesignated Agent: Identi Full Name	Cl' d Organization Affiliated	Committee X Joint		
Connecte Pesignated Agent: Identi Full Name	Cl' d Organization Affiliated	Committee X Joint		
Connecte Pesignated Agent: Identi Full Name	Cl' d Organization Affiliated by by name, address (phone)	Committee X Joint		
Pesignated Agent: Identi Full Name Mailing Address	Cl' d Organization Affiliated by by name, address (phone)	Committee X Joint	Fundraising Represent	tative Leadership PAC Sp

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

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h). Joint Fundraisi	ng rantoipanti		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
		•	
Salazar Victory Com	I Organization, Affiliated Committee, Joint Fumittee	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	3725 West Flagler Street		
	#281		
	Miami	, , , , FL	33134
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee X	oint Fundraising Represent	ative Leadership PAC Sp
Connecte			ative Leadership PAC Sp
Connecte esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		
esignated Agent: Identi	fy by name, address (phone number – optional		ative Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	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 whaintains funds.	STATE A Telephone Number ich the committee deposit	ZIP CODE A