**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 2024 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 06 06 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. (Complete the information below.)	candidate
Name of Salazar, Maria, Elvira, ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State FL
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 27
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 Cooperat	ive
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 PAI	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	

•	FEC Form 1 (Revised 0)	2/2009)	Page <b>3</b>	I
٧	Vrite or Type Committee Name			
	Salazar for Cong	ress		
6.		ganization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leadership PAC Sponsor	
	American Battlegrour	ıd Fund		
	1			
		PO Box 30844		_
	Mailing Address	FO BUX 30044		
		Bethesda	MD	I
		CITY ▲	STATE ▲ ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising	Representative Leadership PAC Spo	onsc
<del></del> 7.	Custodian of Pagarday Identi	fy by name, address (phone number optional) and position of	f the person in personal of committee	
<i>'</i> .	books and records.	y by flame, address (phone flamber optional) and position of	the person in possession of committee	
	Williamson,	Les		
	Full Name	Les, , ,		
	Mailing Address	3725 West Flagler Street		
	ag / taal/ood	#281		
		Minni		
		Miami	FL 33134	
		CITY ▲	STATE ▲ ZIP CODE ▲	
	Title or Position ▼			
	Treasurer	Telephone numl	ber 214 - 676 - 7442	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the name and address of	f
	Full Name Williamson,	Les, , ,		
	of Treasurer			
	Mailing Address	3725 West Flagler Street		
		<u>#281</u>		
		Miami	FL	
		CITY ▲	STATE ▲ ZIP CODE ▲	
	Title or Position ▼			
	Treasurer	Telephone numl	ber 214 - 676 - 7442	

Full Name of Designated Agent  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number  Telep	FEC Form 1	(Revised 02/2009)	Page <b>4</b>
CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number	Designated		
Title or Position ▼    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	Mailing Address		
Title or Position ▼    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			
Title or Position ▼    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			
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  Mailing Address  I1445-A Laughlin Avenue  CITY A STATE A ZIP CODE A  Name of Bank, Depository, etc.  Classic City Bank  Mailing Address  I2365 W Broad St  Athens  GA 30606 —			ZIP CODE ▲
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  Mailing Address  Indicate the propository of the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Chain Bridge Bank  Indicate the propository of the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Chain Bridge Bank  Indicate the propository of the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Chain Bridge Bank  Indicate the propository of the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Chain Bridge Bank  Indicate the propository of the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Chain Bridge Bank  Indicate the propository of the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Chain Bridge Bank  Indicate the propository of the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Chain Bridge Bank  Indicate the propository of the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Chain Bridge Bank  Indicate the propository of the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Chain Bridge Bank  Indicate the propository of the committee depository of the comm	Title or Position	,	
Name of Bank, Depository, etc.  Chain Bridge Bank  Mailing Address  Chain Bridge Bank  Mailing Address  Classic City Bank  Mailing Address		Telephone number	
Chain Bridge Bank  Mailing Address  1445-A Laughlin Avenue  McLean  VA  22101  CITY ▲  STATE ▲  ZIP CODE ▲  Name of Bank, Depository, etc.  Classic City Bank  Mailing Address  2365 W Broad St  Athens  Athens  GA  30606	Banks or Other safety deposit box	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hold ses or maintains funds.	ds accounts, rents
Mailing Address    1445-A Laughlin Avenue	Name of Bank, D	epository, etc.	
Mailing Address    McLean		Chain Bridge Bank	
Name of Bank, Depository, etc.  Classic City Bank  Mailing Address  2365 W Broad St  Athens  GA 30606  GA 30606	Mailing Address	1445-A Laughlin Avenue	
Name of Bank, Depository, etc.  Classic City Bank  Mailing Address  2365 W Broad St  Athens  GA 30606  GA 30606			
Name of Bank, Depository, etc.  Classic City Bank  Mailing Address  2365 W Broad St  Athens  GA 30606		McLean VA 22101	
Classic City Bank  Mailing Address    2365 W Broad St		CITY ▲ STATE ▲	ZIP CODE ▲
Mailing Address  2365 W Broad St  Athens  GA 30606	Name of Bank, D	epository, etc.	
Athens GA 30606		Classic City Bank	
	Mailing Address	2365 W Broad St	
CITY ▲ STATE ▲ ZIP CODE ▲		Athens GA 30606	
		CITY ▲ STATE ▲	ZIP CODE ▲

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

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h). <b>Joint Fundraisi</b>	ing i di dolpant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Emmer Majority Buil	ders		
Mailing Address	824 S. Milledge Ave		
	Ste. 101		
	Athens	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Joinfy by name, address (phone number – optional)		
esignated Agent: Identi	Affiliated Committee X Joint J	nt Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Joint J		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Joint J	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 Joint J	STATE A Telephone Number	ZIP CODE A

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

Page \_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisir</b>	ig Farticipant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
GOF Willing Wollie			
Mailing Address	228 S Washington Street		
	Ste. 115		
Relationship:	Alexandria	VA VA	22314 
neialionship.	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joint  y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
		Tunuraising Represent	
esignated Agent: Identif		Tunuraising Represent	
Pesignated Agent: Identify		Tunuraising Represent	
Pesignated Agent: Identify		Tunuraising Represent	
Pesignated Agent: Identify	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)  CITY		
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	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
Full Name  Mailing Address  TITLE OR POSITION  Canks or Other Deposite afety deposit boxes or mailane of Bank, Depository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.  Fargo	STATE A	ZIP CODE A

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

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(h). <b>Joint Fundraisir</b>	g Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	228 S Washington Street		
	Ste. 115		
Relationship:	Alexandria CITY	VA VA STATE ▲	22314 ZIP CODE ▲
Connector	d Organization	t Fundraising Represent	ative Leadership PAC Sp
	y by name, address (phone number – optional)		
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	ZIP CODE A
resignated Agent: Identify  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
Full Name Mailing Address	y by name, address (phone number – optional)  CITY   ries: List all banks or other depositories in which	STATE A elephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  Ganks or Other Depositor defety deposit boxes or mailing and	y by name, address (phone number – optional)  CITY   Ties: List all banks or other depositories in which aintains funds.	STATE A elephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  Ganks or Other Depositor defety deposit boxes or mailing and	y by name, address (phone number – optional)  CITY   Ties: List all banks or other depositories in which aintains funds.	STATE A elephone Number	ZIP CODE A

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

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h). <b>Joint Fundraisi</b>	ig i articipant.			
1.		FEC ID numb	er C	
2.		FEC ID numb	er C	
3.		FEC ID numb	er C	
4.		FEC ID numb	er C	
-	Organization, Affiliated Committee, Joint I	Fundraising Represent	ative, or L	eadership PAC Spon
Hispanic Leadership	Trust Partnership			
Mailing Address	PO Box 341027			
	Austin		<del>7</del>	78734
Relationship:	CITY ▲	STATI	■ ▲	ZIP CODE ▲
	d Organization Affiliated Committee	Joint Fundraising Repre	sentative	Leadership PAC Sp
			sentative	Leadership PAC Sp
esignated Agent: Identi			sentative	Leadership PAC Sp
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esignated Agent: Identi	by by name, address (phone number – option	al)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	cories: List all banks or other depositories in valuations funds.	al) STATE Telephone Number	oosits funds	ZIP CODE A  J
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 valuations funds.	STATE  Telephone Number	oosits funds	ZIP CODE A  J

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

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	g Participant:			
1			FEC ID number	С
2			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
Name of Any Connected	Organization, Affiliated	I Committee, Joint Fu	ndraising Representati	ve, or Leadership PAC Sponsor
Salazar Victory Comr	nittee			
Mailing Address	3725 West Flagler Str	eet		
	#281			
	Miami		, , , , , FL ,	33134
Relationship:		CITY A	STATE 4	ZIP CODE ▲
П.	d Organization Affilia		oint Fundraising Represer	
Full Name				
Mailing Address				
TITLE OR POSITION	<b>\</b>	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	<b>▼</b>	CITY A	STATE ▲ Telephone Number	

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

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h). <b>Joint Fundraisi</b>	ig Farticipant.			
1.		FEC ID nu	ımber C	
2.		FEC ID nu	ımber C	
3.		FEC ID nu	ımber C	
4.		FEC ID nu	ımber C	
ame of Any Connected Scott Franklin Wingr	l Organization, Affiliated Committee, Jonan Fund	int Fundraising Repres	entative, o	r Leadership PAC Spons
Mailing Address	PO Box 2811			
	Lakeland		FL	33806
Relationship:	CITY ▲	ST	ATE A	ZIP CODE ▲
	Affiliated Committee  fy by name, address (phone number – o	X Joint Fundraising Reportional)	presentative	e Leadership PAC Sp
			presentative	E Leadership PAC Sp
esignated Agent: Identi			epresentative	Leadership PAC Sp
esignated Agent: Identi			epresentative	Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – o	ptional)	epresentative	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – o	ptional)	TE A	
Full Name  Mailing Address  TITLE OR POSITION  Inks or Other Deposit fety deposit boxes or mane of Bank,	city by name, address (phone number – o	otional)  STA	TE A deposits fu	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.	city by name, address (phone number – o	optional)  STA  Telephone Numb  in which the committee	TE A deposits fu	ZIP CODE A