Only

PAGE 1 / 4

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. WEBER FOR CONGRESS 1701 Bending Stream ADDRESS (number and street) (Check if address is changed) Friendswood 77546 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS brendaweber@comcast.net (Check if address is changed) Optional Second E-Mail Address jerad@najvarlaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.RandyWeber.org (Check if address is changed) DATE 2016 C00502229 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. Robert Nolen Type or Print Name of Treasurer Robert Nolen [Electronically Filed] 02 15 2016 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

F	EC <b>Fo</b> i	rm 1 (Revised 02/2009) Page 2
		OMMITTEE
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Name Candi		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  RANDY WEBER
Candi		on REP Office Sought: X House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	nmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Part
Polit	ical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		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 segregated fund or part committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Fund	Iraising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	

FEC <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Name	e	
WEBER FOR C	CONGRESS	
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE 2	ZIP CODE
. Custodian of Records: Iden	d Organization Affiliated Committee Joint Fundraising Representative Learnity by name, address (phone number optional) and position of the person in possition	dership PAC Sponsor
books and records.		
Brenda W	eber	
Mailing Address	706 Victory Terrace Lane	
	Friendswood TX 77546	
Title or Position	CITY STATE 2	ZIP CODE
Custodian of records		4696
. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
Full Name Robert No of Treasurer	len	
Mailing Address	PO Box 1327	
	Friendswood TX 77549	
Title or Position Treasurer		94   -   1214

1 LO 1 011	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, I	oxes or maintains funds.  Depository, etc.  Wells Fargo	
	Depository, etc.  Wells Fargo ,2900 South Gordon St	
Name of Bank, I	Depository, etc.  Wells Fargo  2900 South Gordon St	
Name of Bank, I	Depository, etc.  Wells Fargo  2900 South Gordon St	ZIP CODE
Name of Bank, I	Depository, etc.  Wells Fargo  2900 South Gordon St  Alvin  CITY  STATE	ZIP CODE
Name of Bank, I	Depository, etc.  Wells Fargo  2900 South Gordon St  Alvin  CITY  STATE	
Name of Bank, I	Depository, etc.  Wells Fargo  2900 South Gordon St  Alvin  CITY  STATE  Depository, etc.	
Name of Bank, I	Depository, etc.  Wells Fargo  2900 South Gordon St  Alvin  CITY  STATE  Depository, etc.	
Name of Bank, I	Depository, etc.  Wells Fargo  2900 South Gordon St  Alvin  CITY  STATE  Depository, etc.	
Name of Bank, I	Depository, etc.  Wells Fargo  2900 South Gordon St  Alvin  CITY  STATE  Depository, etc.	