FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
ADDRESS (number and street)	1701 Bending Stream	
(Check if address is changed)		
	Friendswood └	TX 77546 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS	
(Check if address is changed)	compliance@rightsidecompliance.com	
	Optional Second E-Mail Address randy@randyweber.org	
COMMITTEE'S WEB PAGE AI	DDRESS (URL)	
2. DATE 08 / 2	20 / Y Y Y Y 2021	
3. FEC IDENTIFICATION N	UMBER ► C C00502229	
4. 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	f it is true, correct and complete.
Type or Print Name of Treasur	er Nolen, Robert, D., Mr.,	
Signature of Treasurer	en, Robert, D., Mr., [Electronically Filed]	Date 11 03 2022
NOTE: Submission of false, error	neous, or incomplete information may subject the person signin ANY CHANGE IN INFORMATION SHOULD BE REPORTE	
Office Use Only	For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	

11/03/2022 15 : 15

FEC Fo	orm 1 (Revised 03/2022)	Page 2
. TYP	PE OF COMMITTEE:	
Can	ndidate 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. (Complete th information below.)	e candidate
	ame of WEBER, RANDY, , , and date	
	andidate Office Arty Affiliation REP Sought: K House Senate President	State TX
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 14
. ,		
	Name of Candidate	
Part	ty Committee:	
(d)	This committee is a (National, State or subordinate) committee of the Republican,	
Poli	itical 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	rganization
	Membership Organization Trade Association Coopera	tive
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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	NC).

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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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.
 Committees Participating in Joint Fundraiser
 2.

•	FEC Form 1 (Revised 0	02/2009)																		Pag	je 3		•
V	Irite or Type Committee Name)																					
	WEBER FOR (CONGR	ESS	5																			
6.	Name of Any Connected O	rganization, A	ffiliated	Com	mitte	e, Jo	int F	unc	Irais	ing	Rep	ores	ent	ative	e, o	r Le	ade	rshi	рP	AC	Spc	insor	r
	Mailing Address																						
				CIT	-Y ▲							S	STAT	ΕA				Z	IP (DE 🖌	•	
	Relationship: Connected	Organization	Affilia	ted O	rganiz	ation		Jo	oint F	und	raisi	ng l	Repr	eser	ntativ	/e	C	Le	adeı	ship) PA	C Sp	onso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Rennaker,	lancy, , ,	
Full Name		
Mailing Address	PO Box 341027	
	Austin	
	CITY ▲ STATE ▲ ZIP CODE ▲	•
Title or Position ▼		
Custodian of Records	Image:	

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., assistant treasurer).

Full Name	Nolen, Robert, D., Mr.,
of Treasurer	
Mailing Address	2425 Prairie Mist
	Friendswood TX 77546
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image:

FEC Form 1	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Hobbs, Cabell, , ,	
Mailing Address	PO Box 341027	
	Austin TX 78734	
	CITY A STATE A ZI	P CODE 🔺
Title or Position	▼	
Assistant Treasu	rer Telephone number	

9. 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.

Wells F	argo		
Mailing Address	2900 South Gordon St		
	Alvin	TX 77511	
		STATE 🔺	ZIP CODE
Name of Bank, Depository, a	ətc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲