Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Never Surrender PAC PO Box 2706 ADDRESS (number and street) (Check if address is changed) **Brentwood** 37024 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS compliance@rightsidecompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00687525 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. Hobbs, Cabell, , , Type or Print Name of Treasurer Hobbs, Cabell, , , [Electronically Filed] 04 27 2023 Signature of Treasurer Date 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

FEC	Form 1 (Revised 03/2022)	Page 2
. T`	YPE OF COMMITTEE:	
С	andidate 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 the information below.)	e candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
(c	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
P	arty Committee:	
(d	(National, State (Democratic or subordinate) committee of the Republican,	•
P	olitical 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 O	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 segregated 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	AC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
J	oint Fundraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Committees Participating in Joint Fundraiser	
	1 C	

	FEC Form 1	1 (Revised 02/2009)	Page 3
W	/rite or Type Comm		
	Never S	urrender PAC	
3.	=	connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	Green Victo	ory Fund	
	Mailing Address	PO Box 2706	
		Brentwood I I I I I I 370	124
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
	Overtedien of De		
' .	books and record	ecords: Identify by name, address (phone number optional) and position of the person in position.	session of committee
		Hobbs, Cabell, , ,	
	Full Name		
		PO Box 341027	
	Mailing Address		
		Austin	734
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position		211 OODL =
	Treasurer		1 1 1
		Telephone number	- [
3.		the name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	e name and address of
	E II Ni	Hobbs, Cabell, , ,	
	Full Name of Treasurer		
		PO Box 341027	
	Mailing Address		
		Austin TX 787	734
		CITY A STATE A	ZIP CODE ▲
	Title or Position	CITY ▲ STATE ▲	ZIF CODE A
	Treasurer		1 1 1
	110404701	Telephone number	- [

	FEC Form 1	(Revised 02/2009)		Page 4
D	ull Name of Designated Gent			
N	Mailing Address			
Т	ïtle or Position ▼		STATE ▲	ZIP CODE ▲
L		Telephone numb	ber	
		Depositories: List all banks or other depositories in which the committee ces or maintains funds.	e deposits fu	nds, holds accounts, rents
N	ame of Bank, D	epository, etc.		
		Pinnacle Financial Partners	1 1 1 1	
М	lailing Address	150 3rd Avenue South		
		Suite 900		
		Nashville	TN	37201
		CITY ▲ S	STATE A	ZIP CODE ▲
N	ame of Bank, D	epository, etc.		
		EagleBank		
М	lailing Address	2001 K St NW		
		Washington	DC	20006
		CITY ▲ S	STATE A	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

(h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Green, Mark, , ,	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 2706		
	Produced.		27024
	Brentwood	TN	37024
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	ZIP CODE A