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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. Tony Gonzales for Congress PO BOX 700442 ADDRESS (number and street) (Check if address is changed) San Antonio 78270 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address TonyGonzalesforCongress@gmail.com is changed) Optional Second E-Mail Address compliance@rightsidecompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) TonyGonzalesforCongress.com (Check if address is changed) DATE 2023 C00706614 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. Type or Print Name of Treasurer HOBBS, CABELL, , HOBBS, CABELL, , , 11 21 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

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EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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. (Cominformation below.)	plete the candidate
Name of Candidate Gonzales, Ernest, Anthony, , II	
Candidate Party Affiliation REP Office Sought: House Senate Presiden	State TX District 23
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a	mocratic, publican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its committee is a separate segregated fund.	onnected organization is a
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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 (Hy	ybrid PAC).
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 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 committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
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	FEC Form 1	1 (Revised 02/2009)	Page 3
W	/rite or Type Comn		
	Tony Gor	nzales for Congress	_
6.	_	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or L	_eadership PAC Sponsor
	TONY GON	ZALES VICTORY FUND	
	Mailing Address	12000 STARCREST DR	
		STE 101	
		SAN ANTONIO TX	78247
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Red books and record	cords: Identify by name, address (phone number optional) and position of the person in p	oossession of committee
		HOBBS, CABELL, , ,	
	Full Name		
	Mailing Address	11613 Huebner	
		San Antonio	78248
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position		<u> </u>
	Treasurer	Telephone number	
3.		ne name and address (phone number optional) of the treasurer of the committee; and agent (e.g., assistant treasurer).	I the name and address of
	Full Name	HOBBS, CABELL, , ,	
	of Treasurer		
	Mailing Address	11613 Huebner	
		San Antonio	78248
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	•	
	Treasurer	Telephone number	

Full Name of Designated Agent	
Mailing Address	
CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼	
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, he safety deposit boxes or maintains funds.	olds accounts, rents
Name of Bank, Depository, etc.	
Frost Bank P.O. Box 1600	
San Antonio TX 7829	6
CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depository, etc.	
TRUIST	
Mailing Address 1445 NEW YORK AVE NW	
4TH FLOOR	
WASHINGTON DC 2000	5
CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fur SHIP TRUST PARTNERSHIP	ndraising Representative	e, or Leadership PAC Spons
TIIOI ANIC LEADEI	J. J		
Mailing Address	PO BOX 341027		
	AUSTIN		78734
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect Designated Agent: Ident	fy by name, address (phone number - optional)		
	fy by name, address (phone number – optional)		
Designated Agent: Ident	fy by name, address (phone number – optional)		
Designated Agent: Ident	fy by name, address (phone number – optional)		
Designated Agent: Ident	fy by name, address (phone number – optional)		
Designated Agent: Ident	CITY A	STATE A	ZIP CODE A
Designated Agent: Ident Full Name L Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposite safety deposit boxes or researched.	CITY ▲ ories: List all banks or other depositories in which	Telephone Number	
Pesignated Agent: Ident Full Name	CITY ▲ cries: List all banks or other depositories in which anintains funds. NBRIDGE BANK	Telephone Number	

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

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DERSHIP F		Committee, Joint	Fundraising Rep	resentative,	, or Leadership PAC Sp	ons
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t .	Connected Orga	Connected Organization Affilia	Connected Organization Affiliated Committee The connected Organization Affiliated Committee Affiliated Committee Connected Organization Affiliated Committee	Connected Organization Affiliated Committee X Joint Fundraising The connected Organization Affiliated Committee organization organiz	CITY A STATE A Connected Organization Affiliated Committee X Joint Fundraising Representa State A Connected Organization Affiliated Committee X Joint Fundraising Representa CITY A STATE A STATE A	Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC STATE A ZIP CODE A Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC STATE A ZIP CODE A CITY A STATE A ZIP CODE A

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

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1				FEC ID) number	С	
2				FEC IE) number	C	
3.				FEC IE	number	С	
4.				FEC ID) number	C	
							
	Any Connected (ated Committee, Joint	Fundraising Rep	eresentative	e, or Leadership PAC	Spons
Ма	iling Address	PO Box 30844					
		Bethesda			MD	20824	
Re	lationship:		CITY A		STATE A	ZIP CODE	E A
esignat			Affiliated Committee X (phone number – option	Joint Fundraising	Representa	ative Leadership P	AC Sp
esignat	ed Agent: Identify				Representa	Leadership P	PAC Sp
Full 1	ed Agent: Identify				Representa	Leadership P	AC Sp
Full 1	red Agent: Identify				g Representa	Leadership P	AC Sp
Full 1	red Agent: Identify				Representa	Leadership P	AC Spe
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