Only

STATEMENT OF

PAGE 1 / 11 =

FEC FORM 1		_	DRGANIZ					Office Use	Only		
1. NAME OF			(Check if name	Example: If	typing, type	12FE		Office Ose	City		
COMMITTEE (in	full)	Ш	is changed)	over the lin	es.	1211	1113				
Cruz 25 for	22 Vi	ctory	Fund		1 1 1 1						
ADDRESS (number a	nd street)	P.O. B	ox 341027								
(Check if a is changed		1			1 1 1 1 1		1 1 1	1 1 1		1 1 1	1
is changed	1)	Austin				TX	78	8734	. -		
			CITY A			STATE			ZIP CC	DDE 🛦	
COMMITTEE'S E-MA	AIL ADDRE	SS									
(Check if a is changed		comp	oliance@rightside	ecompliance.c	com						
		Optiona	al Second E-Mail Ad	ldress							
【 【 (Check if a is changed											
2. DATE 02		B / Y	2023								
3. FEC IDENTIFIC	CATION N	UMBER	C	000822965							
4. IS THIS STATEM	MENT	NE	W (N) OR	X AI	MENDED (A)						
I certify that I have e	examined th	his Staten	nent and to the best	t of my knowled	ge and belief it	is true, o	correct ar	nd comple	ete.		
Type or Print Name	of Treasure	er Hobbs	, Cabell, , ,								
Signature of Treasure	er <i>Hobb</i>	s, Cabell, ,	,	[Electro	nically Filed]	Date	02	08] / [2023	
NOTE: Submission of	false, erron		ncomplete information					e penaltie	s of 52	U.S.C.	§30109
Office Use				Federal	ther information c Election Commissi e 800-424-9530				FOR sed 06/2		

Toll Free 800-424-9530

Local 202-694-1100

FE	C Form	(Revised 03/2022)	Page 2
5.	TYPE C	F COMMITTEE:	
	Candid	ate Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information	tion below.)
	(b)	This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	ittee. (Complete the candidate
	Name Candid		
	Candid Party	Affiliation Office Sought: House Senate	State President District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized co	mmittee.
	Nam Can	e of lidate	
	Party (Committee:	
	(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
	Politica	Il Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on li	ne 6.) Its connected 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.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a scommittee. (i.e., nonconnected committee)	separate segregated 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 a	ccounts (Hybrid PAC).
		In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint F	undraising Representative:	
	(i) x	This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fed	•
	(j)	This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal car	•
	Com	mittees Participating in Joint Fundraiser	
		ED CRUZ FOR SENATE	C C00492785
	_	IOBS, FREEDOM, AND SECURITY PAC	C C00536540

	FEC Form 1 (Re	vised 02/2009)	l Page 3
٧	Vrite or Type Committee	Name	
	Cruz 25 for	· 22 Victory Fund	
3.	Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Con	nnected Organization Affiliated Organization Joint Fundraising Representative	e Leadership PAC Sponsor
7.	Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person in	possession of committee
	Hob	obs, Cabell, , ,	
	Full Name		
	Mailing Address	P.O. BOX 341027	
		Austin	78734
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
3.		ame and address (phone number optional) of the treasurer of the committee; an (e.g., assistant treasurer).	d the name and address of
	Full Name Hob	obs, Cabell, , ,	
	of Treasurer		
	Mailing Address	P.O. BOX 341027	
		Austin	78734
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

		(5)			
	FEC Form	(Revised 02/2009)			Page 4
	Full Name of Designated Agent				
	Mailing Address				
			CITY A	STATE ▲	ZIP CODE ▲
	Title or Position	▼			
				Telephone number	
_					
		Depositories: List all baxes or maintains funds.	anks or other depositories in wh	ich the committee deposits f	unds, holds accounts, rents
	Name of Bank, [Denository etc			
	Name of Bank, L				
		Chain Bridge Ba	∩k ⊥		
	Mailing Address	1445-A Lau	ghlin Avenue		
		McLean		VA	22101
			CITY A	STATE ▲	ZIP CODE ▲
					_
	Name of Bank, [Depository, etc.			
		I			
	Mailing Address				
		1			
			CITY ▲	STATE ▲	ZIP CODE ▲
				-	

FEC Form 1S (Revised 02/2017)

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	ing Participant:		
1. L J J J J J	KINS FOR CONGRESS	FEC ID number	C C00717876
2. SCOTT BAUG	GH FOR CONGRESS	FEC ID number	C C00798322
BOGNET FOR	RCONGRESS	FEC ID number	C C00735688
4. ERIC BURLIS	ON FOR CONGRESS	FEC ID number	C C00788414
lame of Any Connecte	d Organization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Sponso
Mailing Address			
Relationship:	CITY	CTATE A	7/12 CODE A
neialionship.	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number - optiona))	
Pesignated Agent: Ident	ify by name, address (phone number – optiona)	
	ify by name, address (phone number – optiona		
Full Name	ify by name, address (phone number – optiona		
Full Name	ify by name, address (phone number – optiona		
Full Name	CITY	STATE A	ZIP CODE A
Full Name _ _ Mailing Address	CITY		ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO	CITY ▲ **Cories: List all banks or other depositories in winaintains funds.**	STATE A Telephone Number	es funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or not be boxed.	CITY ▲ **Cories: List all banks or other depositories in winaintains funds.**	STATE A Telephone Number	es funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition deposit boxes or not be boxes or not be boxes. It is a second to be boxed by the boxes or not be boxed by the boxes or not be boxed by the boxes or not be boxed by the boxed by the boxes or not be boxed by the boxed by	CITY ▲ **Cories: List all banks or other depositories in winaintains funds.**	STATE A Telephone Number	es funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition deposit boxes or not be boxes or not be boxes. It is a second to be boxed by the boxes or not be boxed by the boxes or not be boxed by the boxes or not be boxed by the boxed by the boxes or not be boxed by the boxed by	CITY ▲ **Cories: List all banks or other depositories in winaintains funds.**	STATE A Telephone Number	es funds, holds accounts, rents

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1. MONICA FOR 2.		FEC ID number	C C00765719
MAYRA FLOR 3. CASSY FOR C	ES FOR CONGRESS CONGRESS	FEC ID number	C C00768994
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponso
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identi	Affiliated Committee Join Join Join Join March Join Join Join Join Join Join Join Join	nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representa	
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** ______

1. HAGEMAN FOF 2. HOUSE FOR	OR CONGRESS, IN	C		
2. BO HINES FOR		<u> </u>	FEC ID number	C C00793166
			FEC ID number	C C00788943
3	CONGRESS		FEC ID number	C C00766162
4. ASHLEY HINSO	ON FOR CONGRES	3	FEC ID number	C C00706267
Name of Any Connected	Organization, Affiliated	Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Sponsor
Mailing Address				
				<u> </u>
	1	_ _ _ _ _ _ _		
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
Designated Agent: Identify Full Name	by name, address (phor	e number – optional)		1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address				
				<u> </u>
				<u> </u>
TITLE OR POSITION		SITY A	STATE A	ZIP CODE A
TITLE OR POSITION			STATE A	ZIP CODE A
	ies: List all banks or oth		elephone Number	ZIP CODE S funds, holds accounts, rents

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(h). Joint Fundraisir LAUF FOR IL-		FEC ID number	C C00798280
	R CONGRESS	FEC ID number	C C00784884
FRIENDS OF N	MCCORMICK	FEC ID number	C C00706747
IOWANS FOR	ZACH NUNN	FEC ID number	C C00784389
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponso
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Spo
	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Representa	
Designated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Designated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
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5(g)	or(h). Joint Fundraisin	g Participant:		
	ANDY OGLES	FOR CONGRESS	FEC ID number	C C00811844
	PEKAU FOR C	ONGRESS	FEC ID number	C C00794479
	3. COMMITTEE T	O ELECT SAM PETERS	FEC ID number	C C00700898
	4. ROBERTSON F	FOR CONGRESS	FEC ID number	C C00765891
6.	Name of Any Connected	Organization, Affiliated Committee, Joint I	Fundraising Representati	ve, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Joint Fundraising Represer	tative Leadership PAC Sponsor
8.	Designated Agent: Identify	/ by name, address (phone number – option	al)	
8.	Designated Agent: Identify Full Name	by name, address (phone number – option	al)	
8.		by name, address (phone number – option	al)	
8.	Full Name	by name, address (phone number – option	al)	
8.	Full Name	by name, address (phone number – option	al)	
8.	Full Name	CITY A		ZIP CODE A
8.	Full Name	CITY A		
	Full Name	CITY ▲ ries: List all banks or other depositories in v	STATE A Telephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY ▲ ries: List all banks or other depositories in v	STATE A Telephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY ▲ ries: List all banks or other depositories in v	STATE A Telephone Number	ZIP CODE A
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epository, etc. Mailing Address					
anks or Other Depositor afety deposit boxes or ma ame of Bank,		or other depositories in	which the comr	nittee deposit	s funds, holds accounts, rent
			Telephone	Number	
TITLE OR POSITION	▼	CITY A		STATE ▲	ZIP CODE ▲
Mailing Address					
Full Name					
esignated Agent: Identify				ng richtesettle	Leaueisilip FAC Sp
	Organization	Affiliated Committee	Joint Fundraisi		
Relationship:		CITY A		STATE A	ZIP CODE A
Mailing Address					
I					
ame of Any Connected	Organization, Affil	iated Committee, Join	t Fundraising R	epresentative	e, or Leadership PAC Spons
4.				ID HUITIDEI	0 00000071
3. YVETTE4CONO				ID number	C C00473827
2. FRIENDS OF M		LICITORLEN		ID number	C C00473937
. COMMITTEE TO) ELECT JENNIE	FER-RUTH GREEN			000700707

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h). Joint Fundraisin BECKER FOR			C00760444
1.		FEC ID number	C C00769414
2. ANNA PAULINA	A LUNA FOR CONGRESS	FEC ID number	C C00718239
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected	Organization Affiliated Committee J	oint Fundraising Represent	tative Leadership PAC Sp
	Affiliated Committee J by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identify			Leadership PAC Sp
esignated Agent: Identify Full Name			Leadership PAC Sp
esignated Agent: Identify Full Name			Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main arms of Bank,	by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main arms of Bank,	by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A