FEC

Only

STATEMENT OF

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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 compliance@rightsidecompliance.com (Check if address X is changed) Optional Second E-Mail Address brendaweber@comcast.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.RandyWeber.org (Check if address is changed) DATE 2021 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. Nolen, Robert, D., Mr., Type or Print Name of Treasurer Nolen, Robert, D., Mr., [Electronically Filed] 03 2021 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

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|--|--|---|----------------------|--|--|--|
| | | COMMITTEE e Committee: | | | | |
| (a) | × | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | |
| (b) | e of | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.) | the candidate | | | |
| | lidate | WEBER, RANDY, , , | | | | |
| Cand Party | lidate Affiliati | ion REP Sought: X House Senate President | State TX District 14 | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name Cand | | | | | | |
| Part | y Con | nmittee: (National, State (Dem | ocratic, | | | |
| (d) | | | blican, etc.) Party. | | | |
| Poli | tical A | 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 Lab | or Organization | | | |
| | | Membership Organization Trade Association Cod | perative | | | |
| | | 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) | | | ated 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.) | | | | |
| Join | t Fund | draising Representative: | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or recommittees/organizations, none of which is an authorized committee of a federal candidate. | more political | | | |
| | Com | nmittees Participating in Joint Fundraiser | | | | |
| | 1. | FEC ID number C | | | | |
| | 2. | FEC ID number | | | | |
| | 3. | FEC ID number | | | | |
| | 1 | | | | | |

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|---|---|----------------------------|
| Write or Type Committee Nam | ne | |
| WEBER FOR (| CONGRESS | |
| 6. Name of Any Connected | Organization, Affiliated Committee, Joint Fundraising Representative, or Le | adership PAC Sponsor |
| NONE | | |
| | | <u> </u> |
| Maillian Address | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| | | |
| Relationship: Connecte | ed Organization | Leadership PAC Sponsor |
| Custodian of Records: Idea | entify by name, address (phone number optional) and position of the person | in possession of committee |
| | r, Nancy, , , | I |
| Full Name | PO Box 341027 | |
| Mailing Address | | |
| | Austin TX 78 | 3734 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Records | Telephone number | - |
| Treasurer: List the name an any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; and t assistant treasurer). | the name and address of |
| Full Name Nolen, Ro | obert, D., Mr., | |
| Mailing Address | 3219 Alexander Parc Dr | |
| | | |
| | Pearland TX 775 | 581 ZIP CODE |
| Title or Position Treasurer | CITY STATE 281 Telephone number | 794 - 1214 |

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|---|----------------------------|---------------|--|--|--|
| | | | | | |
| Full Name of Designated Agent | Hobbs, Cabell, , , | | | | |
| Mailing Address | PO Box 341027 | | | | |
| | | | | | |
| | Austin TX 78734 CITY STATE | ZIP CODE | | | |
| Title or Position Assistant Treasu | rer | | | | |
| 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. | | | | | |
| | _l Wells Fargo | | | | |
| Mailing Address | 2900 South Gordon St | | | | |
| | | | | | |
| | Alvin TX 77511 | | | | |
| | CITY STATE | ZIP CODE | | | |
| Name of Bank, D | epository, etc. | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |