FEC

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. Hegar Gross Victory Fund 611 Pennsylvania Ave SE ADDRESS (number and street) Num 143 (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jfa@mbacg.com (Check if address is changed) Optional Second E-Mail Address icarr@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00753509 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. Snyder, Lili, , , Type or Print Name of Treasurer Snyder, Lili,,, [Electronically Filed] 07 2020 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 Only

Local 202-694-1100

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|------|------------------------|--|---|--|--|--|--|
| | | OMMITTEE | | | | | |
| | ndidate | didate Committee: | | | | | |
| (a) | Ш | 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 | | | | |
| | ne of didate | | | | | | |
| | didate y Affiliatio | Office Sought: House Senate President | State | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District | | | | |
| | ne of didate | | | | | | |
| Par | rty Con | nmittee: | | | | | |
| (d) | | · · · | Democratic, Republican, etc.) Party. | | | | |
| Pol | itical A | ction Committee (PAC): | | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected 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 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.) | | | | | |
| Joir | nt Fund | raising Representative: | | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political | | | | |
| (h) | × | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political | | | | |
| | Com | Committees Participating in Joint Fundraiser | | | | | |
| | 1. | MJ FOR TEXAS FEC ID number C C006 | 649350 | | | | |
| | 2. | DR. AL GROSS FOR U.S. SENATE | 10822 | | | | |
| | 3. | FEC ID number | | | | | |
| | 4. | | | | | | |

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|---|---|--|--|--|
| Write or Type Committee N | | | | |
| Hegar Gross | Victory Fund | | | |
| | ed Organization, Affiliated Committee, Joint Fundraising Representation | entative, or Leadership PAC Sponsor | | |
| NONE | | | | |
| | | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| | | 7/0.0005 | | |
| | CITY | STATE ZIP CODE | | |
| Relationship: Conne | ected Organization Affiliated Committee Joint Fundraising Re | epresentative Leadership PAC Sponso | | |
| Custodian of Records: books and records. | Identify by name, address (phone number optional) and position | of the person in possession of committee | | |
| | r, Lili, , , | | | |
| Full Name | 611 Pennsylvania Ave SE | | | |
| Mailing Address | Num 143 | | | |
| | Washington | DC 20003 | | |
| | | | | |
| Title or Position | CITY | TATE ZIP CODE | | |
| Treasurer | Telephone numbe | er | | |
| 3. Treasurer: List the name any designated agent (e. | and address (phone number optional) of the treasurer of the cog., assistant treasurer). | ommittee; and the name and address of | | |
| | r, Lili, , , | | | |
| of Treasurer | 611 Pennsylvania Ave SE | | | |
| Mailing Address | | | | |
| | Num 143 | DO : 199922 | | |
| | Washington | DC 20003 - | | |
| Title or Position , Treasurer | CITY ST | TATE ZIP CODE | | |
| | Telephone number | r | | |

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|---|--|-------------------------|--------------------|
| | | | |
| Full Name of Designated Agent | Carr, Julie, , , | | |
| Mailing Address | 611 Pennsylvania Ave SE | | |
| · | Num 143 | | |
| | Washington | DC 20003 | - |
| | CITY | STATE | ZIP CODE |
| Title or Position Assistant Treas | surer Telephone num | ber | |
| | | | |
| Banks or Other safety deposit be Name of Bank, | Amalgamated Bank | e deposits funds, hold | ds accounts, rents |
| safety deposit be | oxes or maintains funds. Depository, etc. Amalgamated Bank 1825 K St NW | ee deposits funds, hold | ds accounts, rents |
| safety deposit be Name of Bank, | oxes or maintains funds. Depository, etc. Amalgamated Bank 1825 K St NW | pe deposits funds, hold | ds accounts, rents |
| safety deposit be Name of Bank, | Depository, etc. Amalgamated Bank 1825 K St NW Washington | | ds accounts, rents |
| safety deposit be Name of Bank, | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY | DC 20006 | |
| safety deposit be Name of Bank, Mailing Address | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY | DC 20006 STATE | ZIP CODE |
| safety deposit be Name of Bank, Mailing Address | oxes or maintains funds. Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY Depository, etc. | DC 20006 STATE | ZIP CODE |
| safety deposit be Name of Bank, Mailing Address | oxes or maintains funds. Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY Depository, etc. | DC 20006 STATE | ZIP CODE |
| safety deposit be Name of Bank, Mailing Address | oxes or maintains funds. Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY Depository, etc. | DC 20006 STATE | ZIP CODE |