| Image# 202111119468487321                                   |                               |  |                      | 11/11/2021 14.20                |
|---|-------------------------------|--|----------------------|---------------------------------|
| FEC<br>FORM 1   | STATEMEI<br>ORGANIZ           |  |                      | PAGE 1 / 4 ——                   |
|   |                               |  | Off                  | ice Use Only                    |
| 1. NAME OF<br>COMMITTEE (in full)                           | (Check if name is changed)    | Example:If typing, type over the lines.  | 12FE4M5              |                                 |
| Willie for Texas  |                               |  |                      |                                 |
|   |                               |  |                      |                                 |
| ADDRESS (number and street)                                 | P.O. Box 701407               |  |                      |                                 |
| (Check if address   |                               |  |                      |                                 |
| is changed)   | San Antonio                   |  | TX 782               | 70                              |
|   |                               |  | L L⊥_<br>STATE ▲     | ZIP CODE                        |
| COMMITTEE'S E-MAIL ADDRI                                    | -88                           |  |                      |                                 |
| (Check if address   | .compliance@rightside         | compliance.com   |                      |                                 |
| is changed)   |                               |  |                      |                                 |
|   | Optional Second E-Mail Ad     | dress  |                      |                                 |
|   |                               |  |                      |                                 |
| COMMITTEE'S WEB PAGE AD<br>(Check if address<br>is changed) | DRESS (URL)                   |  |                      |                                 |
|   | D / Y Y Y Y<br>1 2021         |  |                      |                                 |
| 3. FEC IDENTIFICATION N                                     | UMBER ► C c                   | 00794131   |                      |                                 |
| 4. IS THIS STATEMENT  | NEW (N) OR                    | × AMENDED (A)  |                      |                                 |
| I certify that I have examined t                            | his Statement and to the best | of my knowledge and belief it  | is true, correct and | complete.                       |
|   |                               |  |                      |                                 |
| Type or Print Name of Treasure                              | er Hobbs, Cabell, , ,         |  |                      |                                 |
| Signature of Treasurer                                      | bs, Cabell, , ,               | [Electronically Filed]   | Date 11              | D D / Y Y Y Y<br>11 2021        |
| NOTE: Submission of false, error                            |                               | may subject the person signing NON SHOULD BE REPORTED W  |                      | penalties of 2 U.S.C. §437g.    |
| Office<br>Use<br>Only                                       |                               | For further information c<br>Federal Election Commissi<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                      | FEC FORM 1<br>(Revised 06/2012) |

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|      |                       | —  |
|------|-----------------------|--|
|      | FEC Fo                | orm 1 (Revised 02/2009) Page 2   |
|      |                       | COMMITTEE  |
| Cai  | 1.00                  | e 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 candidate information below.)  |
|      | ne of<br>didate       | Ng, Willie, Vasquez, ,   |
|      | didate<br>y Affiliati | ion REP Office Sought: K House Senate President District 28  |
| (C)  |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
|      | ne of<br>didate       |  |
| Par  | ty Con                | nmittee:   |
| (d)  |                       | This committee is a (National, State<br>or subordinate) committee of the (Democratic,<br>Republican, etc.) Party.  |
| Pol  | itical A              | Action Committee (PAC):  |
| (e)  |                       | This committee is a separate segregated fund. (Identify connected organization on line 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 separate segregated fund or party committee. (i.e., nonconnected committee)  |
|      |                       | 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               | draising Representative:   |
| (g)  |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |
| (h)  |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.         |
|      | Com                   | nmittees Participating in Joint Fundraiser   |
|      | 1.                    | FEC ID number  |
|      | 2.                    | FEC ID number  |
|      | 3.                    | FEC ID number  |
|      | 4.                    | FEC ID number  |
|      |                       |  |

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Write or Type Committee Name

## Willie for Texas

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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Mailing Address          |            |        |       |            |      |      |       |       |      |       |    |      |      |      |      |       |      |     |       |      |       |    |          |     |     |      |     |    |     |       |     |
|--------------------------|------------|--------|-------|------------|------|------|-------|-------|------|-------|----|------|------|------|------|-------|------|-----|-------|------|-------|----|----------|-----|-----|------|-----|----|-----|-------|-----|
|                          |            |        |       |            |      |      |       |       |      |       |    |      |      |      |      |       |      |     |       |      |       |    |          |     |     |      |     |    |     |       |     |
|                          |            |        |       |            |      |      |       |       |      |       |    |      |      |      |      |       |      |     |       |      |       |    | <u> </u> |     |     |      |     |    |     |       |     |
|                          |            |        |       |            |      |      | (     | CITY  | (    |       |    |      |      |      |      |       |      | SI  | ATI   | Ξ    |       |    |          |     | ΖI  | P (  | 200 | DE |     |       |     |
| Relationship:            | Connected  | l Org  | aniza | ation      |      | Affi | liate | ed Co | omn  | nitte | e  | J    | oint | Fur  | ndra | aisir | ng F | Rep | res   | enta | ative | 9  |          | Le  | ade | ersl | nip | PA | C S | oons  | or  |
| 7. Custodian of Records. |            | tify b | by na | ame,       | add  | ress | s (pł | none  | e nu | mbe   | er | opti | onal | l) a | nd   | pos   | itio | n c | of th | ер   | ers   | on | in       | pos | sse | ssi  | on  | of | com | mitte | €e  |
| Full Name                | Hobbs, Cal |        |       | )<br>0x 70 | 1407 | 7    |       |       |      |       |    |      |      |      |      |       |      |     |       |      |       |    |          | 1   |     |      |     |    |     |       |     |
| Mailing Address          |            |        |       |            |      |      |       |       |      |       |    |      |      |      |      |       |      |     |       |      |       |    |          |     |     |      |     |    |     |       | - 1 |

|                   | San Antonio                             |                  | <sup>78270</sup> |
|-------------------|---|------------------|------------------|
| Title or Position | CITY                                    | STATE            | ZIP CODE         |
| Treasurer         | 1 | Telephone number |                  |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name<br>of Treasurer      | Hobbs, Cabell, , ,   |
|--------------------------------|--|
| Mailing Address                | P.O. Box 701407  |
|                                |  |
|                                | San Antonio   TX   78270   - |
|                                | CITY STATE ZIP CODE  |
| Title or Position<br>Treasurer | Telephone number   |

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| Full Name of<br>Designated<br>Agent |      |  |   |  |  |  |  |  |  |  |                |  |  |  |      |     |     |      |     |     | 1 |  |  |  |  |  |      |   |  |  |
|-------------------------------------|------|--|---|--|--|--|--|--|--|--|----------------|--|--|--|------|-----|-----|------|-----|-----|---|--|--|--|--|--|------|---|--|--|
| Mailing Address                     |      |  | l |  |  |  |  |  |  |  |                |  |  |  |      |     |     |      |     |     |   |  |  |  |  |  |      |   |  |  |
|                                     |      |  | l |  |  |  |  |  |  |  |                |  |  |  |      |     |     |      |     |     |   |  |  |  |  |  |      |   |  |  |
|                                     |      |  | l |  |  |  |  |  |  |  |                |  |  |  |      |     |     |      |     |     |   |  |  |  |  |  |      | 1 |  |  |
|                                     | CITY |  |   |  |  |  |  |  |  |  | STATE ZIP CODE |  |  |  |      |     |     |      |     |     |   |  |  |  |  |  |      |   |  |  |
| Title or Position                   |      |  |   |  |  |  |  |  |  |  |                |  |  |  |      |     |     |      |     |     |   |  |  |  |  |  |      |   |  |  |
|                                     |      |  |   |  |  |  |  |  |  |  |                |  |  |  | Tele | eph | one | e ni | umt | ber |   |  |  |  |  |  | <br> |   |  |  |

9. 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.

| Truist F                  | Financial           |                |  |
|---------------------------|---------------------|----------------|--|
| Mailing Address           | 214 N. Tryon Street |                |  |
|                           |                     |                |  |
|                           | Charlotte           | NC 28202       |  |
|                           | CITY                | STATE ZIP CODE |  |
| Name of Bank, Depository, | stc.                |                |  |
|                           |                     |                |  |
| Mailing Address           |                     |                |  |
|                           |                     |                |  |
|                           |                     |                |  |
|                           | CITY                | STATE ZIP CODE |  |