Only

STATEMENT OF

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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. Stand For Truth, Inc. 300 Throckmorton ADDRESS (number and street) Suite 1550 (Check if address is changed) Ft Worth 76102 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS standfortruthpac@gmail.com (Check if address is changed) Optional Second E-Mail Address eric.lycan@emswlaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00592337 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. Lambert, Hal, , , Type or Print Name of Treasurer Lambert, Hal, , , [Electronically Filed] 80 26 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

Local 202-694-1100

FF0 =	4 (Davided 00/0000)	Dag - 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)		(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	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.)	
Joint Fund	draising 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	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Rev		Page 3
Write or Type Committee		
Stand For Tr	uth, Inc.	
Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the p	person in possession of committ
Laml	bert, Hal, , ,	
Full Name	,300 Throckmorton	
Mailing Address	Suite 1550	
	Fort Worth TX	76102
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	817 - 529 - 4600
	ne and address (phone number optional) of the treasurer of the committee e.g., assistant treasurer).	; and the name and address of
Full Name Lamb	pert, Hal, , ,	
Mailing Address	300 Throckmorton	
	Suite 1550	
	Fort Worth	76102
	CITY STATE	ZIP CODE

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes	epositories: List all banks or other depositories in which the committee deposits funds or maintains funds.	
safety deposit boxes Name of Bank, Dep	exas Capital Bank 2350 Lakeside Blvd	
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc.	
safety deposit boxes Name of Bank, Dep	exas Capital Bank 2350 Lakeside Blvd Ste 800	75082
safety deposit boxes Name of Bank, Dep	exas Capital Bank 2350 Lakeside Blvd Ste 800	75082 ZIP CODE
safety deposit boxes Name of Bank, Dep	Ste 800 Richardson CITY STATE	
safety deposit boxes Name of Bank, Dep T Mailing Address	Ste 800 Richardson CITY STATE	
safety deposit boxes Name of Bank, Dep T Mailing Address	Ste 800 Richardson CITY STATE Rository, etc.	
safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Ste 800 Richardson CITY STATE Rository, etc.	
safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Ste 800 Richardson CITY STATE Rository, etc.	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: