| Image# 2 | 022061 | 3951 | 4854346 |
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06/13/2022 16 : 11

| STATEMEN | IT OF |
|----------|-------|
| ORGANIZA | TION |

| FEC FORM 1 | STATEMENT ORGANIZATIO | | Office Use | PAGE 1 / 4 |
|---|---|--|----------------------------|------------------------|
| 1. NAME OF COMMITTEE (in full) | | mple:If typing, type the lines. | 12FE4M5 |] |
| | as | | | |
| | | | | |
| ADDRESS (number and street) | PO Box 11525 | | | |
| (Check if address is changed) | | | | |
| | Austin └ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ | | TX 78711 STATE ▲ | − L ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address is changed) | compliance@battlegroundte> | as.com | | |
| | Optional Second E-Mail Address | | | |
| | | | | |
| COMMITTEE'S WEB PAGE AD (Check if address is changed) | DRESS (URL) | | | |
| 2. DATE 06 / 1 | D / Y Y Y Y 3 2022 | | | |
| 3. FEC IDENTIFICATION N | JMBER ► C C0054139 | 1 | | |
| 4. IS THIS STATEMENT | NEW (N) OR × | AMENDED (A) | | |
| I certify that I have examined t | nis Statement and to the best of my I | mowledge and belief it is | s true, correct and compl | ete. |
| Type or Print Name of Treasure | r Weldon, Jess, , , | | | |
| Signature of Treasurer | on, Jess, , , | [Electronically Filed] | Date 06 / 13 | 2022 |
| NOTE: Submission of false, erron | eous, or incomplete information may sut ANY CHANGE IN INFORMATION SH | | | es of 52 U.S.C. §30109 |
| Office Use Only | | For further information cor Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | FEC | FORM 1 sed 06/2012) |

| EC Form 1 (Revised 03/2022) | Page 2 |
|--|-----------------------------------|
| TYPE OF COMMITTEE: | |
| Candidate 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. (Comp information below.) | lete the candidate |
| Name of Candidate | |
| Candidate Office Party Affiliation Sought: House Senate President | State |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | |
| (d) This committee is a | nocratic, Iblican, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected organization is a: |
| Corporation Corporation w/o Capital Stock | abor Organization |
| | ooperative |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee) | regated 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 accounts (Hyl | brid PAC). |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| | |
| Joint Fundraising Representative: | |

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.

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.

Committees Participating in Joint Fundraiser

(i)

(j)

| 1. | L | | | | | | | | | | | | | | С | | | | |
|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|
| 2. | L | | | | | | | | | | | | | | С | | | | |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Battleground Texas

| 6. | Name of Any Connected (NONE | Organization, Affiliated | Committee, Joint Fu | ndraising Representative, o | or Leadership PAC Sponsor |
|----|---------------------------------|--------------------------|---------------------|-------------------------------|----------------------------|
| | | | | | |
| | | | | _ | |
| | Mailing Address | | | | |
| | | | | | |
| | | | | | |
| | | | CITY 🔺 | STATE ▲ | ZIP CODE |
| | Relationship: Connected | d Organization | ted Organization | Joint Fundraising Representat | ive Leadership PAC Sponsor |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Weldon, Je | SS, , , | | | | | | | | | |
|---|--------------|--|----------|----------|--|--|--|--|--|--|
| Full Name | | | | | | | | | | |
| Mailing Address | PO Box 11525 | | | | | | | | | |
| | | | | | | | | | | |
| | Austin | | TX 78711 | | | | | | | |
| | CITY A | | STATE A | ZIP CODE | | | | | | |
| Title or Position ▼ | | | | | | | | | | |
| Treasurer 512 270 0583 Telephone number - <t< th=""></t<> | | | | | | | | | | |

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 | Weldon, Jess, , , | | | | | | | | | | |
|-------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|
| of Treasurer | | | | | | | | | | | |
| Mailing Address | PO Box 11525 | | | | | | | | | | |
| | | | | | | | | | | | |
| | Austin TX 78711 | | | | | | | | | | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | | | | | | | | | | |
| Title or Position | Title or Position ▼ | | | | | | | | | | |
| Treasurer | Telephone number 512 - 270 - 0583 | | | | | | | | | | |

| FEC Form 1 (Revised 0 | 02/2009) | Page 4 |
|-------------------------------------|------------------|---------------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY A STATE A | ZIP CODE ▲ |
| Title or Position ▼ | | |
| | Telephone number | |

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.

| | Amalga | amated Bank | | | 1 |
|-----------------|--------|-------------------|--------|---------|------------|
| | | | | | |
| Mailing Address | | 1825 K Street, NW | | | |
| | | | | | |
| | | Washington | | DC 200 | 06 |
| | | | CITY 🔺 | STATE 🔺 | ZIP CODE |
| Name of Bank, D | | etc. | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | | | CITY 🔺 | STATE ▲ | ZIP CODE ▲ |