Only

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STATEMENT OF **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. CASSY FOR CONGRESS PO BOX 450970 ADDRESS (number and street) (Check if address is changed) LAREDO 78045 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@HENRYALAN.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 26 2022 C00797282 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. PHILLIPS, ROBERT, , , III Type or Print Name of Treasurer PHILLIPS, ROBERT, , , III [Electronically Filed] 07 26 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

| E | C 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. (Complete the can information below.) | ndidate | | | |
| | Name of Candidate GARCIA, CASSANDRA, , , | | | | |
| | Party Affiliation REP Sought: House Senate President | State TX istrict 28 | | | |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| | Name of Candidate | | | | |
| Party Committee: | | | | | |
| | (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) | Party | | | |
| | Political Action Committee (PAC): | | | | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization | anization is a: | | | |
| | Corporation Corporation w/o Capital Stock Labor Organiz | zation | | | |
| | 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 function committee. (i.e., nonconnected committee) | d 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 (Hybrid PAC). | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | Joint Fundraising Representative: | | | | |
| | (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, at least one of which is an authorized committee of a federal candidate. | re political | | | |
| | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate. | re political | | | |
| | Committees Participating in Joint Fundraiser | | | | |
| | 1 | | | | |

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|----|---------------------------------|----------------|---|----------------------|-----------------------|------------------|----------------------|
| V | Vrite or Type Comm | | ONGRESS | | | | |
| 6. | Name of Any Co | onnected O | rganization, Affiliated Committee REPUBLICAN NOMINE | | | ive, or Leader | ship PAC Sponsor |
| | TAKE BACK | \ | REPUBLICAN NOWING | E FUND 202 | | | |
| | | | | | | | |
| | Mailing Address | | PO BOX 30844 | | | | |
| | | | | | | | |
| | | | BETHESDA | | MD | 20824 | |
| | | | CITY | L | STATE | A | ZIP CODE ▲ |
| | Relationship: | Connected | Organization X Affiliated Organ | ization Joint | Fundraising Repres | sentative | Leadership PAC Spons |
| 7. | Custodian of Rebooks and record | | fy by name, address (phone nun | nber optional) ar | nd position of the pe | erson in possess | sion of committee |
| | | PHILLIPS, I | ROBERT, , , III | | | | |
| | Full Name | | | | | | |
| | Mailing Address | | PO BOX 450970 | | | | |
| | | | | | | | |
| | | | LAREDO | | TX | 78045 | |
| | | | CITY A | L | STATE | A | ZIP CODE ▲ |
| | Title or Position | ▼ | | | | | |
| | CUSTODIAN OF | RECORDS | | Tele | ephone number | 202 | 866 8229 |
| 8. | | agent (e.g., a | d address (phone number op ssistant treasurer). | tional) of the treas | surer of the commi | ittee; and the n | ame and address of |
| | Full Name of Treasurer | PHILLIPS, I | ROBERT, , , III | | | | |
| | Mailing Address | | PO BOX 450970 | | | | |
| | Maining Addices | | | | | | |
| | | | LAREDO | | TX | 78045 | |
| | | | CITY | | STATE | | ZIP CODE ▲ |
| | Title or Position | ▼ | | | OIAIL | . – | 5552 _ |
| | TREASURER | | | Tele | ephone number | 202 | 866 - 8229 |

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|--|--|--------------------|-----------------------------|
| Full Name of Designated Agent Mailing Address | WADSWORTH, HALEY, , , PO BOX 450970 LAREDO CITY | TX STATE A | 78045 ZIP CODE A |
| Title or Position | | SIAIE | ZIP CODE A |
| DEPUTY TREA | SURER Telephone | number 20 | 02 |
| | r Depositories: List all banks or other depositories in which the commoxes or maintains funds. | nittee deposits fu | unds, holds accounts, rents |
| Name of Bank, | Depository, etc. | | |
| Mailing Address | HUNTINGTON NATIONAL BANK 6340 FRANTZ RD | | |
| | DUBLIN | OH | 43017 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, | Depository, etc. | | |
| | EVOLVE BANK & TRUST | | |
| Mailing Address | 301 SHOPPINGWAY BLVD | | |
| | | | |
| | WEST MEMPHIS | L AZ | 72301 |
| | CITY A | STATE ▲ | ZIP CODE ▲ |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| DBOX 30844 CITY A nization Affiliated Committee CITY A ame, address (phone number | ttee X Join | FEC ID | MD STATE A | 20824 ZIP CODE A |
|---|-------------|---|--|--|
| D BOX 30844 CITY A Affiliated Committee | ttee X Join | FEC ID FEC ID | number number resentative | e, or Leadership PAC Spor |
| D BOX 30844 CITY A Affiliated Committee | ttee X Join | FEC ID | number resentative | e, or Leadership PAC Spor |
| D BOX 30844 CITY A Affiliated Committee | ttee X Join | draising Rep | resentativ | e, or Leadership PAC Spor |
| DBOX 30844 ETHESDA CITY Affiliated Committee | ttee X Join | | MD STATE A | 20824 ZIP CODE A |
| DBOX 30844 ETHESDA CITY Affiliated Committee | ttee X Join | | MD STATE A | 20824 ZIP CODE A |
| DBOX 30844 ETHESDA CITY nization Affiliated Committ | | nt Fundraising | STATE ▲ | ZIP CODE A |
| ETHESDA CITY nization Affiliated Committ | | nt Fundraising | STATE ▲ | ZIP CODE A |
| ETHESDA CITY nization Affiliated Committ | | nt Fundraising | STATE ▲ | ZIP CODE A |
| ETHESDA CITY nization Affiliated Committ | | nt Fundraising | STATE ▲ | ZIP CODE A |
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| CITY ▲ nization Affiliated Committ | | nt Fundraising | STATE ▲ | ZIP CODE A |
| nization Affiliated Committ | | nt Fundraising | | |
| | | nt Fundraising | Represent | |
| | | | 1 1 1 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| CITY ▲ | | 5 | STATE A | ZIP CODE ▲ |
| | | Telephone Nu | umber | |
| _is | CITY A | CITY currently t all banks or other depositories in which | CITY Telephone Note that all banks or other depositories in which the commit | CITY A STATE A Telephone Number t all banks or other depositories in which the committee deposit |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| 1. | | FEC ID number | |
|--|---|--------------------------|-----------------------------|
| | | FEC ID number | С |
| 3. | | | |
| | | FEC ID number | C |
| 4 | | FEC ID number | C |
| Name of Any Connected O | Organization, Affiliated Committee, Joint F | undraising Representati | ve, or Leadership PAC Spons |
| | | | |
| | 824 S MILLEDGE AVE STE 101 | | |
| Mailing Address | 624 S WILLEDGE AVE STE 101 | | |
| | | | |
| | ATHENS | GA L | 30605 |
| Relationship: | CITY ▲ | STATE A | X ZIP CODE ▲ |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| TITLE OR POSITION \ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | Telephone Number | |
| Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, etc. | | hich the committee depos | |
| Mailing Address | | | |
| | | | |