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. Chip Roy for Congress 6705 W. Hwy 290 ADDRESS (number and street) Suite 50295 (Check if address is changed) **AUSTIN** 78735 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS compliance@complianceconsultingva.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.chiproy.com (Check if address is changed) DATE 2023 C00662767 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. Hobbs, Cabell, , , Type or Print Name of Treasurer Hobbs, Cabell, , , [Electronically Filed] 05 2023 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	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. (Complete the information below.)	candidate
	Name of Candidate Roy, Chip, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State TX  District 21
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2,
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political 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 Org	ganization
	Membership Organization Trade Association Cooperati	ve
	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 committee. (i.e., nonconnected committee)	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 (Hybrid PAC	<b>;</b> ).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1 C	

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V	/rite or Type Committee Name	2.2500)	. ago <b>c</b>
	Chip Roy for C	ongress	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
	Mailing Address	PO BOX 30844	
		1	
		BETHESDA MD 208	324-0844
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the person in poss	session of committee
	Hobbs, Cal	pell, , ,	
	Full Name		
	Mailing Address	6705 W. Hwy 290	
		Suite 50295	
		Austin TX 787	/35
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
<del></del> 3.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name Hobbs, Cal	pell, , ,	
	of Treasurer		
	Mailing Address	6705 W. Hwy 290	
		Suite 50295	
		Austin TX 787	35
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

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Full Name of Designated Agent		1 1 1 1 1	
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		umber	
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the commites or maintains funds.	ttee deposits for	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Wells Fargo		
Mailing Address	8302 Woodmont Avenue		
	Bethesda	MD	20814
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	TRUIST BANK		
Mailing Address	2200 Wilson Blvd		
	Suite 100		
	Arlington	_ VA _	22201
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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(h). <b>Joint Fundraisi</b>	ig Faiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Take Back the Ho	ouse Texas 2022		
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC Sp
	d Organization Affiliated Committee Solution Join  y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identing Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make afety deposit boxes or make and a sepository, etc.	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.  E BANK	STATE A	ZIP CODE A

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

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1.	<u>, , , , , , , , , , , , , , , , , , , </u>	FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
7.			
=	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
FREEDOMWORK	S VICTORY 2023		
Mailing Address	PO BOX 26141		
Walling / Idai 600			
	ALEXANDRIA	ı VA ı	22313
Relationship:	CITY A	STATE A	ZIP CODE A
		Fundraising Representa	
Full Name			
NA - "I" A -I -I			
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address  TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
-	•	STATE A	ZIP CODE A
TITLE OR POSITION	▼ Te	lephone Number	
TITLE OR POSITION	Te  ies: List all banks or other depositories in which	lephone Number	
TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main	Te  ies: List all banks or other depositories in which intains funds.	lephone Number	
TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main arms of Bank, FORBF	Te  ies: List all banks or other depositories in which	lephone Number	
TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main arms of Bank, FORBF	Te  ies: List all banks or other depositories in which intains funds.	lephone Number	
TITLE OR POSITION  Sanks or Other Depositor afety deposit boxes or main alame of Bank, FORBF depository, etc.	ries: List all banks or other depositories in which intains funds.	lephone Number	

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

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1.	1		
		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint Fur	draising Representative	e, or Leadership PAC Spons
Mailing Address	6705 W. HWY 290 SUITE 50295		1 1 1 1 1 1 1 1 1 1
	AUSTIN	TX	78735
	AUSTIN		
Relationship:	CITY A	STATE ▲ int Fundraising Representa	ZIP CODE A
Connecte  Designated Agent: Identi	CITY A		
Connecte  Designated Agent: Identi  Full Name	CITY ▲ ed Organization Affiliated Committee		
Connecte  Designated Agent: Identi	CITY ▲ ed Organization Affiliated Committee		
Connecte  Designated Agent: Identi  Full Name	CITY ▲ ed Organization Affiliated Committee		
Connecte  Designated Agent: Identi  Full Name	CITY A  ed Organization Affiliated Committee   y Jo  fy by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	CITY A  ed Organization Affiliated Committee   fy by name, address (phone number – optional)		