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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. REPUBLICAN LEADERSHIP FOR OREGON PO BOX 25504 ADDRESS (number and street) (Check if address is changed) **PORTLAND** 97298 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@RIGHTSIDECOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00737361 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] 04 10 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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TYPE	OF C	OMMITTEE	1 4go <b>2</b>		
Cano	ndidate Committee:				
(a)	Ш	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. (Cominformation below.)	plete the candidate		
Name Candi					
Candid Party	date Affiliati	Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candid					
Party	y Con	nmittee:			
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.		
Politi	ical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	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	raising 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	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
	2.	FEC ID number			
	3.	FEC ID number			
	4.				

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W	/rite or Type Committee Name	e	
_ F	REPUBLICAN	LEADERSHIP FOR OREGON	
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
N	ONE		
	Mailing Address		
		CITY STATE ZI	P CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
		CABELL, , ,	
	Full Name	PO BOX 341027	
	Mailing Address		
		AUSTIN , TX , 78734	
		AUSTIN	
	Title or Position	CITY STATE ZI	P CODE
	TREASURER	Telephone number	
3.	<b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name HOBBS, C	CABELL, , ,	
	Mailing Address	PO BOX 341027	
		AUSTIN TX 78734  CITY STATE ZII	P CODE
	Title or Position TREASURER	Telephone number	

FEC <b>Fo</b>	r <b>m 1</b> (Revise	d 02/2009)	Page <b>4</b>
Full Name of Designated			
Agent			
Mailing Address	S		
		CITY STATE	ZIP CODE
Title or Position		Telephone number	  -  , ,  -  , , ,
		Telephone number	
. Banks or Othe	r Donositori	ies: List all banks or other depositories in which the committee deposits funds	s, holds accounts, rents
safety deposit  Name of Bank	ooxes or main	ntains funds.	
safety deposit	Depository,	ntains funds.	
safety deposit	ooxes or main	ntains funds. etc.	
safety deposit	Depository,	ntains funds.	
safety deposit Name of Bank,	Depository,	ntains funds. etc.	
safety deposit Name of Bank,	Depository,	ntains funds. etc.  1901 K STREET, NW	0006
safety deposit Name of Bank,	Depository,	ntains funds. etc.  1901 K STREET, NW	0006 ZIP CODE
safety deposit Name of Bank,	Depository,  BB&T	ntains funds. etc.  1901 K STREET, NW  WASHINGTON  CITY  STATE	
safety deposit Name of Bank, Mailing Addres	Depository,  BB&T	ntains funds. etc.  1901 K STREET, NW  WASHINGTON  CITY  STATE	
safety deposit Name of Bank, Mailing Addres	Depository,  Depository,	ntains funds. etc.  1901 K STREET, NW  WASHINGTON  CITY  STATE	
safety deposit Name of Bank, Mailing Addres	Depository,  Depository,	ntains funds. etc.  1901 K STREET, NW  WASHINGTON  CITY  STATE  etc.	
safety deposit Name of Bank, Mailing Addres  Name of Bank,	Depository,  Depository,	ntains funds. etc.  1901 K STREET, NW  WASHINGTON  CITY  STATE  etc.	
safety deposit Name of Bank, Mailing Addres  Name of Bank,	Depository,  Depository,	ntains funds. etc.  1901 K STREET, NW  WASHINGTON  CITY  STATE  etc.	

## : 97 'A = G7 9 @ G5 B9 CI G'H9 LHF 9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A 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: