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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. SHLEY HINSON FOR CONGRESS PO BOX 811 ADDRESS (number and street) (Check if address is changed) **MARION** 52302 IΑ 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 2021 C00706267 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] 12 2021 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 Only Local 202-694-1100

ı	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
	aldate	e Committee: This committee is a principal campaign committee. (Complete the candidate information below.)	
(a)			
(b)	ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Comp information below.)	lete the candidate
Nam Cand	e of lidate	ARENHOLZ, ASHLEY, HINSON, ,	
	lidate	ion REP Sought: X House Senate Precident	State
Party	Affiliati	ion REP Sought: X House Senate President	District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	Dama awati a
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, depublican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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)		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.)	
Join	t 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.	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.	or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number	
	4.		

	FEC Form 1 (Revised	02/2009)	Page 3
Write	e or Type Committee Nam	ne	
A:	SHLEY HINS	ON FOR CONGRESS	
6. N	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Ash	nley Hinson Victory	/ Committee	
		PO Box 341027	
M	lailing Address		
		Austin TX 78734	
		CITY STATE Z	ZIP CODE
R	relationship: Connecte	ed Organization Affiliated Committee X Joint Fundraising Representative Lead	dership PAC Sponsor
	custodian of Records: Ide ooks and records.	entify by name, address (phone number optional) and position of the person in poss	ession of committee
_	The state of the s	CABELL, , ,	
F	ull Name	,PO BOX 811	
M	lailing Address		
		MARION IA 52302	
Ti	itle or Position	CITY STATE Z	IP CODE
L	TREASURER	Telephone number	
	reasurer: List the name ar ny designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nam assistant treasurer).	e and address of
	ull Name HOBBS, (CABELL,,,	.
	ailing Address	PO BOX 811	
.,,	9		
		MARION	
			IP CODE
	tle or Position TREASURER		. _
L		Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, Do		
-	WELLS FARGO BANK	
-	pepository, etc.	
Name of Bank, De	WELLS FARGO BANK 8302 WOODMONT AVE	
Name of Bank, De	WELLS FARGO BANK	
Name of Bank, De	WELLS FARGO BANK 8302 WOODMONT AVE	ZIP CODE
Name of Bank, De	WELLS FARGO BANK 8302 WOODMONT AVE BETHESDA CITY STATE	ZIP CODE
Name of Bank, Do	WELLS FARGO BANK 8302 WOODMONT AVE BETHESDA CITY STATE	ZIP CODE
Name of Bank, Do	WELLS FARGO BANK 8302 WOODMONT AVE BETHESDA CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Do	WELLS FARGO BANK 8302 WOODMONT AVE BETHESDA CITY STATE TRUIST	ZIP CODE
Mailing Address Name of Bank, De	Pepository, etc. WELLS FARGO BANK BASSO WOODMONT AVE BETHESDA CITY STATE Pepository, etc. TRUIST 2200 WILSON BLVD STE 100	ZIP CODE
Mailing Address Name of Bank, De	WELLS FARGO BANK 8302 WOODMONT AVE BETHESDA CITY STATE Pepository, etc. TRUIST 2200 WILSON BLVD	ZIP CODE

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h)

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n). Joint Fundraising	i di dopanti				
1.				EC ID number	С
2.			F	EC ID number	С
3			F	EC ID number	C
4.			F	EC ID number	С
		Committee, Joint	Fundraisin	g Representativ	ve, or Leadership PAC Spor
TAKE BACK THE	HOUSE 2022				
Mailing Address	PO BOX 30844				
	BETHESDA			MD	20824-0844
Relationship:		CITY A		STATE A	ZIP CODE ▲
				draising Represen	tative Leadership PAC S
Connected esignated Agent: Identify Full Name				draising Represen	tative Leadership PAC S
esignated Agent: Identify				draising Represen	tative Leadership PAC S
esignated Agent: Identify Full Name				draising Represen	tative Leadership PAC S
esignated Agent: Identify Full Name	by name, address (pho		nal)		tative Leadership PAC S
esignated Agent: Identify Full Name	by name, address (pho	one number – optio	nal)		
esignated Agent: Identify Full Name Mailing Address	by name, address (pho	one number – optio	nal)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address (pho	one number – optio	nal)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or mainstance.	by name, address (pho	one number – optio	nal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address (pho	one number – optio	nal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address (pho	one number – optio	nal)	STATE A	ZIP CODE A

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.			
3.		FEC ID number	C
		FEC ID number	С
1		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		1
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identif	y by name, address (phone number - optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name			
Full Name	CITY	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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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. WASHINGTON STREET		
J	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY A Tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY A Tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A Tories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A Tories: List all banks or other depositories in which	elephone Number	ZIP CODE A