

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Hildt4 Congress Campaign

ADDRESS (number and street)

10141 FM 1343



(Check if address is changed)

DeLine

CITY ▲

TX

STATE ▲

780164320

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

WhiteWolfRanch@gmail.com

Optional Second E-Mail Address

RobertHildt@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

Hildt4Congress.org

2. DATE

03 ' 06 ' 2019

3. FEC IDENTIFICATION NUMBER ►

C00679761

4. 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.

Type or Print Name of Treasurer

Brad Allen

Signature of Treasurer

[Handwritten Signature]

Date

03 ' 06 ' 2019

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

2010 RELEASE UNDER E.O. 14176

5. 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 candidate information below.)

Name of Candidate Robert Travis Hildt

Candidate Party Affiliation GRW Office Sought:  House  Senate  President State TX District 23

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a GRW (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, 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 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  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.
- (h)  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

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

2010-04-04 11:01 AM CONNOR114

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

South Texas Pro Life Movement

Mailing Address

6141 FM 1343

Devine TX 78016

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  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.

Full Name

Oanhke Brandon

Mailing Address

105 South River St

Sequin TX 78155

Title or Position

CITY

STATE

ZIP CODE

CPA

Telephone number

830-379-2991

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 of Treasurer

Mailing Address

Title or Position

Telephone number

NONPROFIT ORGANIZATION



5(g) or (h). **Joint Fundraising Participant:**

1.	_____
2.	_____
3.	_____
4.	_____

FEC ID number	C	_____
FEC ID number	C	_____
FEC ID number	C	_____
FEC ID number	C	_____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Relationship: \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ 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. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

NONPROFIT FOUNDATION

Broadway National Bank  
P.O. Box 17001  
San Antonio, Texas 78217

The types of accounts provided by Texas law have been disclosed on the separate Single-Party or Multiple-Party Account Selection Form Notice (Selection Form Notice), on which the undersigned have initialed to designate the ownership type selected. The undersigned acknowledge(s) receipt of a copy of the completed Selection Form Notice.

OTHER \_\_\_\_\_

**Ownership of Account - Business Purpose**

Sole Proprietorship or Single Member LLC  Partnership  
 LLC-enter tax classification ( C Corp  S Corp  Partnership)  
 C Corporation  S Corporation  CAMPAIGN ACCOUNT

Authorization Dated: CAMPAIGN ACCOUNT

Account Number and Description	Initial Deposit/Source
Checking	\$ _____ <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> _____
Acct. No.:	\$ _____ <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> _____
Acct. No.:	\$ _____ <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> _____

Account Name: \_\_\_\_\_

This is a Temporary account agreement.

**Backup Withholding Certifications**

(if not a "U.S. Person", certify foreign status separately)

By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Backup Withholding. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipients. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) \_\_\_\_\_

**FATCA Code.** The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Ad: \_\_\_\_\_

Number of signatures required: 1

**OWNERSHIP OF ACCOUNT ADDENDUM-CONSUMER**

Each person whose signature appears hereon is agreeing to a legally binding contract under the Terms & Conditions of the Account, a copy of which has been furnished to signer. If the account is marked Multiple-Party with Right of Survivorship, each signer agrees to the terms of the survivorship agreement as set forth below.

\*Survivorship Agreement - On the death of one party to a Multi-Party Account with Right of Survivorship, all sums in the account on the date of death vest in and belong to the surviving party as his or her separate property and estate.

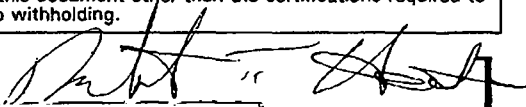
Convenience signers (Agents) have no ownership authority or survivorship interest and are merely authorized signers.

Account Owner(s) Name & Address  
HILDT 4 CONGRESS ORG ELECTION  
ROBERT HILDT CAMPAIGN FUND  
  
6141 FM 1343  
DEVINE, TX 78016

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions  Truth in Savings  Funds Availability
- Electronic Fund Transfers  Privacy  Substitute Checks
- Common Features  \_\_\_\_\_

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1):   
08/16/1964

(2):  SSN \_\_\_\_\_  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(3):  SSN \_\_\_\_\_  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(4):  SSN \_\_\_\_\_  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

The person(s) named below are Convenience Signers only (not owners)

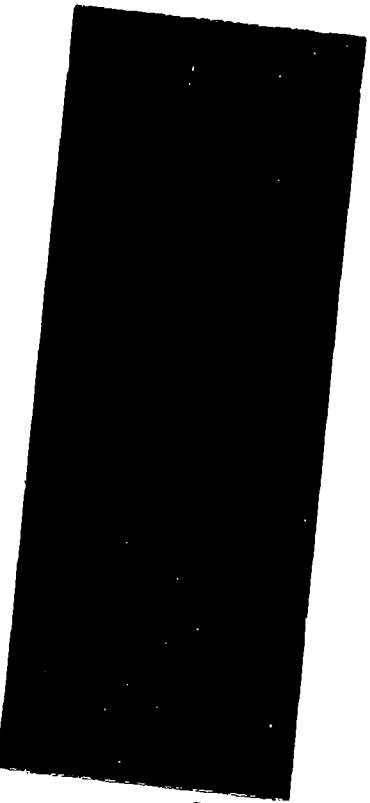
SSN \_\_\_\_\_  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

SSN \_\_\_\_\_  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

Beneficiary Information:



7 Congress Election Commission  
FM 1343  
r, TX 78016-4320



RECEIVED  
FBI MAIL CENTER  
2019 APR -1 AM 8:00

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FBI MAIL CENTER  
2019 APR -1 AM 8:00



Federal Election Commission  
1050 First Street N.E.  
Washington, DC 20463

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked	
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 3/25/19
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*ES*

PREPARER  
(3/2015)

*4/1/19*

DATE PREPARED

NON-PROFIT CORPORATION