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. Hunt for Congress 1707 1/2 Post Oak Blvd. #525 ADDRESS (number and street) (Check if address is changed) Houston 77056 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@rightsidecompliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00701003 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Hobbs, Cabell, , Date 02 21 2024 Signature of Treasurer Hobbs, Cabell, , , 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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.)	ne candidate
Name of Candidate Hunt, Wesley, , ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State TX District 38
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diotriot Go
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State (Democration or subordinate) committee of the Republican	ic, ı, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Cooper	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 P	AC).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) 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
Committees Participating in Joint Fundraiser	
1C	

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۷۱	/rite or Type Committee Name		
	Hunt for Congres		
3.		rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	o PAC Sponsor
	WESLEY HUNT VIC	TORY FUND	
	Mailing Address	PO BOX 341027	
		AUSTIN TX 78734	. 1-1 1
		CITY ▲ STATE ▲ ZI	P CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative Lea	adership PAC Sponso
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number optional) and position of the person in possession	of committee
	Poppakor	Manay	
	Rennaker, Full Name		
	Mailing Address	PO Box 341027	<b>.</b>
	. J		
		Austin TX 78734	
		CITY ▲ STATE ▲ ZI	P CODE ▲
	Title or Position ▼		
	Assistant Treasurer	Telephone number 512 - 27	7   6095
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name Hobbs, Cal	pell, , ,	
	of Treasurer		
	Mailing Address	PO Box 341027	
		Austin TX 78734	
		CITY ▲ STATE ▲ ZI	P CODE ▲
	Title or Position ▼		
	Treasurer		7 - 6095

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Full Name of Designated Agent	Rennaker, Nancy, , ,	1 1 1 1	
Mailing Address	PO Box 341027		
	Austin	TX	
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
Assistant Treasure	r                                 Telephone n	umber	512 - 277 - 6095
Banks or Other D safety deposit boxe	<b>Depositories:</b> List all banks or other depositories in which the commiss or maintains funds.	ttee deposits	funds, holds accounts, rents
Name of Bank, De	pository, etc.		
Ī	Wells Fargo Bank	1 1 1 1	
Mailing Address	4906 San Felipe St		
	Houston	TX	77056
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.		
L	Middletown Valley Bank		
Mailing Address	PO Box 75		
	Middletown	MD	21769
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
LEAN FORWARD A	MERICA FUND		
Mailing Address	502 6TH STREET		
	HUDSON	WI	54016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		Joint Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X		ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X		Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X		Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X		Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X  fy by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X  fy by name, address (phone number – optional	l)	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X  fy by name, address (phone number – optional option	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  X  Ty by name, address (phone number – optional pries: List all banks or other depositories in waintains funds.  CITY   2200 WILSON BLVD	STATE A Telephone Number	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						
2.			FEC I	D number	C	-
			J FEC I	D number	С	
3.			J FEC I	D number	C	
4.			FEC I	D number	C	
Name of Any Connected (	Organization, Affiliate	d Committee, Joint Fu	ndraising Re	epresentativ	e, or Leadership PAC S	Spons
Mailing Address						
		CITY A		STATE A	ZIP CODE	
Relationship:		CITY				
Connected		iated Committee	loint Fundraisir	ng Represent	ative Leadership PA	AC Spo
Connected  Designated Agent: Identify  Full Name		iated Committee		ng Represent	ative Leadership PA	AC Spo
Connected  Designated Agent: Identify		iated Committee		ng Represent	ative Leadership PA	AC Spo
Connected  Designated Agent: Identify  Full Name		iated Committee		ng Represent	ative Leadership PA	AC Spo
Connected  Designated Agent: Identify  Full Name  Mailing Address	by name, address (ph	iated Committee		Represent	ative Leadership PA	
Connected  Designated Agent: Identify  Full Name	by name, address (ph	none number – optional		STATE 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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(h). <b>Joint Fundraisi</b>	g				
1.			FEC ID	number	С
2.			FEC ID I	number	С
3			FEC ID	number	С
4.			FEC ID	number	С
lame of Any Connected	l Organization, Affiliated	Committee, Joint F	undraising Repre	esentative,	, or Leadership PAC Spo
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
	Affiliat Affiliat Affiliat Affiliat Affiliat Affiliat		Joint Fundraising F	Representat	Leadership PAC
esignated Agent: Identi				Representat	Leadership PAC
esignated Agent: Identi				Representat	Leadership PAC
esignated Agent: Identi				Representat	Leadership PAC
esignated Agent: Identi	fy by name, address (phor	ne number – optiona	l)		
esignated Agent: Identi	fy by name, address (phor		l)	Representat	Leadership PAC
resignated Agent: Identi Full Name Mailing Address	fy by name, address (phor	ne number – optiona	l)	TATE A	
Full Name Mailing Address	fy by name, address (phore in the interest of	ne number – optiona	ST Telephone Num	TATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or make the property of the propert	fy by name, address (phore in the interest of	ne number – optiona	ST Telephone Num	TATE A	ZIP CODE A