Only

PAGE 1/5

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. HONOR COURAGE COMMITMENT PAC 11613 HUEBNER ADDRESS (number and street) (Check if address is changed) SAN ANTONIO 78248 TX 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 02 2021 C00755173 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] 80 02 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

Local 202-694-1100

(le) This accomplished in an explicit	ipal campaign committee. (Complete the candidate information belo	w.)
(b) This committee is an auth information below.)	norized committee, and is NOT a principal campaign committee. (Co	omplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) This committee supports/o	opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:	(National, State	(Democratic,
(d) This committee is a	or subordinate) committee of the	Republican, etc.) Party
Political Action Committee (PAC	; ;	
(e) This committee is a separ	rate segregated fund. (Identify connected organization on line 6.) Its c	connected organization is
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Orga	anization Trade Association	Cooperative
In addition,	, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/c committee. (i.e., nonconnection)	opposes more than one Federal candidate, and is NOT a separate cted committee)	segregated fund or party
In addition, this con	mmittee is a Lobbyist/Registrant PAC.	
In addition, this con	mmittee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative	re:	
(g) This committee collects cor	ntributions, pays fundraising expenses and disburses net proceeds for	
committees/organizations,	at least one of which is an authorized committee of a federal candidat	
	ntributions, pays fundraising expenses and disburses net proceeds for none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in J	loint Fundraiser	
1. [FEC ID number	
2.	FEC ID number	
3.		

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FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Nan	ne		
HONOR COUP	RAGE COMMITMENT	PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative, or Leade	ership PAC Sponsor
TONY GONZALES V	ICTORY FUND		
Mailing Address	12000 STARCREST DR		
g	STE 101		
	SAN ANTONIO	TX 78247	
	CITY	CTATE	7ID CODE
	CITY	STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number o	optional) and position of the person in p	possession of committee
HOBBS,	CABELL, , ,		
Full Name	11613 HUEBNER		
Mailing Address			
	SAN ANTONIO	TX 78248	
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	ne treasurer of the committee; and the	name and address of
Full Name HOBBS, of Treasurer	CABELL, , ,		
Mailing Address	11613 HUEBNER		
	SAN ANTONIO	TX 78248	-
	CITY	STATE	ZIP CODE
Title or Position TREASURER	1	Talanhana mimihar _	!=! !
_		Telephone number	

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	-
safety deposit boxes or Name of Bank, Deposit		
	&T 2200 WILSON BLVD STE 100	2201
Name of Bank, Deposi	&T 2200 WILSON BLVD STE 100	2201 ZIP CODE
Name of Bank, Deposi	ARLINGTON CITY STE 100 STATE	
Name of Bank, Deposition Name of Bank, Deposition	ARLINGTON CITY STE 100 STATE	
Name of Bank, Deposition BB Mailing Address Name of Bank, Deposition BR	ARLINGTON CITY STATE COADWAY BANK PO BOX 17001	

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

n). Joint Fundraising			- O ID :	
1.			EC ID number	C
2.		FE	EC ID number	С
3		FE	EC ID number	C
4.		FE	EC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Jo	oint Fundraising	g Representativ	e, or Leadership PAC Spor
GONZALES, ERN	EST, ANTHONY, , II			
Mailing Address	11613 HUEBNER			
	SAN ANTONIO		TX	78248
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee		aising Represent	ative Leadership PAC S
Connected			aising Represent	ative Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Committee		raising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee		raising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee	ptional)		ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee by name, address (phone number – o	ptional)		
Connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee by name, address (phone number – o	ptional)		
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Organization Affiliated Committee by name, address (phone number – of the committee) CITY es: List all banks or other depositories	ptional) Telepho	STATE A	ZIP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	Organization Affiliated Committee by name, address (phone number – of the committee) CITY es: List all banks or other depositories	ptional) Telepho	STATE A	ZIP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	Organization Affiliated Committee by name, address (phone number – of the committee) CITY es: List all banks or other depositories	ptional) Telepho	STATE A	ZIP CODE A