Only

PAGE 1/7

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. BE VICTORIOUS OVER DEMOCRATS PAC PO BOX 630167 ADDRESS (number and street) (Check if address is changed) **IRVING** 75063 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 2025 C00762930 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. Type or Print Name of Treasurer HOBBS, CABELL, , HOBBS, CABELL, , , 10 80 2025 Signature of Treasurer Date 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

E	EC Form 1 (Revised 03/2022)	Page 2
	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 cainformation below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.	c.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization is a:
	Corporation Corporation w/o Capital Stock Labor Organ	nization
	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 fur committee. (i.e., nonconnected committee)	ınd 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 PAC).	
	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 or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Committees Participating in Joint Fundraiser	
	1	

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_	FEC Form 1 (Revised	•		Page <b>3</b>
٧	Write or Type Committee Nan			
	BE VICTORIO	US OVER DEMOCRATS	3 PAC	
6.	Name of Any Connected	Organization, Affiliated Committee, Join	nt Fundraising Representative, or Le	eadership PAC Sponsor
	BETH VICTORY FU	UND 		
	Mailing Address	PO BOX 630167		
		IRVING		5063
		CITY ▲	STATE ▲	ZIP CODE ▲
<del></del> 7.		entify by name, address (phone number o	optional) and position of the person in po	ossession of committee
	books and records.			
		, CABELL, , ,		
	Full Name			
	Mailing Address	PO BOX 630167		
	•			
		IRVING		5063
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER		Telephone number	-       -
8.	Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) o	of the treasurer of the committee; and	the name and address of
	Full Name HOBBS	, CABELL, , ,		
	of Treasurer	• • • • • • • • • • • • • • • • • • • •		

IRVING

Title or Position ▼

TREASURER

CITY 🔺

TX |

STATE ▲

Telephone number

75063

ZIP CODE ▲

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Teleph	none number	
	Depositories: List all banks or other depositories in which the xes or maintains funds.	committee deposits fu	nds, holds accounts, rents
Name of Bank, D	epository, etc.		
	TRUIST (FORMERLY BB&T)		
Mailing Address	2200 WILSON BLVD		
	STE 100		
	ARLINGTON	VA	22201
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	CHAIN BRIDGE BANK		
Mailing Address	1445A LAUGHLIN AVE		
	MCLEAN	VA	22101
	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

		7	
Page	of	,	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
VAN DUYNE, ELIZ	LADE I		
Mailing Address	PO BOX 630167		
	IRVING	TX	75063
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee Jofy by name, address (phone number – optional)	int Fundraising Represent	ative X Leadership PAC S
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mailing and mailing an	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which anintains funds.	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

_	7	
Page	of '	

(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
lame of Any Connected	I Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
WOMEN'S LEADER			
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	VA VA	22314
	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte  Pesignated Agent: Identi	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte  Pesignated Agent: Identi  Full Name	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte  Pesignated Agent: Identi  Full Name	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte  Pesignated Agent: Identi  Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee X Join fly by name, address (phone number – optional)  CITY		
Connected Agent: Identification of the Identification of the Identification of the Identification of th	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY   CITY   Cries: List all banks or other depositories in which paintains funds.	STATE A	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY   CITY   Cries: List all banks or other depositories in which paintains funds.	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

_	7	
Page	of '	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representative	, or Leadership PAC Spons
RIGHT NOW VICTO	RY COMMITTEE		
Mailing Address	7415 SW PKWY #134		
	BLDG 6 STE 500		
	AUSTIN	TX T	78735
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number - optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  cries: List all banks or other depositories in what intains funds.	STATE   Telephone Number	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲  cries: List all banks or other depositories in what intains funds.	STATE   Telephone Number  ich the committee deposits	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  cries: List all banks or other depositories in what intains funds.	STATE   Telephone Number  ich the committee deposits	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  cries: List all banks or other depositories in what intains funds.	STATE   Telephone Number  ich the committee deposits	s funds, holds accounts, rent