PAGE 1/6

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. ENGAGE TEXAS C/O RIGHTSIDE COMPLIANCE ADDRESS (number and street) PO BOX 341027 (Check if address is changed) **AUSTIN** 78734 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@engagetexas.org (Check if address X is changed) Optional Second E-Mail Address soleary@rightsidecompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) engagetexas.org (Check if address is changed) DATE 30 2019 C00701656 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] 07 30 2019 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 Only

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

FF0 =	4 (Davided 00/0000)	D 0				
	orm 1 (Revised 02/2009) COMMITTEE	Page 2				
	date 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. (Compinformation below.)	plete the candidate				
Name of Candidate						
Candidate Party Affiliat	ion 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 Cor		_				
(d)		Democratic, Republican, etc.) Party				
Political A	Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or						
	Corporation Corporation w/o Capital Stock	Labor Organization				
	Membership Organization Trade Association	Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)					
Joint Fund	draising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political				
Com	nmittees Participating in Joint Fundraiser					
1.	FEC ID number					
2.	FEC ID number					
3.	FEC ID number					
4.						

FEC Form 1 (Revised 0)	2/2009)	Page 3
Write or Type Committee Name	·	- 9
ENGAGE TEXA	S	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
,		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
 Custodian of Records: Ident books and records. 	ify by name, address (phone number optional) and position of the person in po	ossession of committee
OLEARY, S	SHANNON, , ,	
Mailing Address	C/O RIGHTSIDE COMPLIANCE	
Mailing Address	PO BOX 341027	
	AUSTIN TX 78734	
Title or Position	CITY STATE	ZIP CODE
CUSTODIAN OF RECORDS		544 - 4941
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the nesistant treasurer).	name and address of
Full Name HOBBS, CA	BELL, , ,	
Mailing Address	C/O RIGHTSIDE COMPLIANCE	
	PO BOX 341027	
	AUSTIN TX 78734 CITY STATE	ZIP CODE
Title or Position	Telephone number 469	544 - 4941

FEC Form 1 (Revise	ed 02/2009)		Page 4		
Full Name of Designated Agent OLEARY,	Designated OLEARY, SHANNON, , ,				
Mailing Address	C/O RIGHTSIDE COMPLIANCE				
	PO BOX 341027				
	AUSTIN	TX 78734 STATE	ZIP CODE		
Title or Position ASSISTANT TREASURER	Telephone nu	mber 469 – _	544 - 4941		
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.					
BB&T					
Mailing Address	200 WEST SECOND ST				
	WINSTON-SALEM	NC 27101			
	CITY	STATE	ZIP CODE		
Name of Bank, Depository,	etc.				
Mailing Address					
		STATE			

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID:

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

FEC Form 1S (Revised 02/2017)

Page __6 **of** _6___

5(g) o	or(h). Joint Fundraisin ç	g Participant:						
	1.			ID number	С			
	2.		FEC	ID number	C			
	3.		FEC	ID number	C			
	4		FEC	ID number	С			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
	Mailing Address							
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲			
	Connected	Organization Affiliated Committee Joi	nt Fundraisi	ng Represent	ative Leadership PAC Sponsor			
8.		by name, address (phone number – optional) WILLIAM, K, ,						
	Mailing Address	C/O RIGHTSIDE COMPLIANCE						
		PO BOX 341027						
		AUSTIN		TX	78734			
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲			
	ASSISTANT TREASURE	-R	Telephone	Number _				
	Banks or Other Depositor safety deposit boxes or mai Name of Bank,	ies: List all banks or other depositories in whic intains funds.	h the comn	nittee deposi	ts funds, holds accounts, rents			
	Depository, etc.							
	Mailing Address							
		CITY ▲		STATE A	ZIP CODE ▲			