FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mike Rogers for Congress 123 EAST 13TH STREET ADDRESS (number and street) (Check if address is changed) Anniston 36201 AL CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address jan@mikerogersforcongress.com is changed) Optional Second E-Mail Address derek.singleton@ymail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.mikerogersforcongress.com (Check if address is changed) DATE 2025 C00367862 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 Jackson, William, , Jackson, William, , , Date 04 27 2025 Signature of Treasurer 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.)	e candidate
Name of Candidate Rogers, Michael, , Mr.,	<u> </u>
Candidate Party Affiliation REP Office Sought: House Senate President	State AL District 03
(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,	•
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
Corporation Corporation w/o Capital Stock Labor O	rganization
Membership Organization Trade Association Coopera	
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 committee. (i.e., nonconnected committee)	d 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 PA	C).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
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	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	/rite or Type Committee Name	2	
<u> </u>	Mike Rogers for	☑ONGI'ESS ganization, Affiliated Committee, Joint Fundraising Representativ	ve or Leadership PAC Sponsor
).	NONE	ganization, Anniated Committee, John Fundraising Representativ	re, or Leadership FAC Sponsor
	Mailing Address		
		CITY ▲ STATE A	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represe	entative Leadership PAC Sponso
<u> </u>	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the per	son in possession of committee
	SINGLETO	N, DEREK, , ,	
	Full Name		
	Mailing Address	525 BIRNAMWOOD DR	
		SUWANEE	30024
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	CUSTODIAN OF RECORDS	Telephone number	256 689 2945
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committ ssistant treasurer).	ee; and the name and address of
	Full Name Jackson, W	lliam, , ,	
	Mailing Address	1029 Forest Lane	
		Anniston	36207
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	256

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Dep safety deposit boxes	ositories: List all banks or other depositories in who or maintains funds.	ich the committee deposits fu	nds, holds accounts, rents
Name of Bank, Depo	sitory, etc.		
FA	ARMER'S & MERCHANTS BANK		
Mailing Address	1429 QUINTARD AVENUE		
	ANNISTON	AL	36201
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	sitory, etc.		
No	OBLE BANK & TRUST, N.A.		
Mailing Address	1509 QUINTARD AVENUE		
	ANNISTON	AL	36201
	CITY ▲	STATE ▲	ZIP CODE ▲

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Organization, Affiliated		FEC	C ID number C ID number C ID number C ID number	C C	
		FEC	D number	С	
				-	
		FEC	D number	С	
Organization, Affiliated					
	d Committee, Join	Fundraising	Representativ	ve, or Lead	dership PAC Spons
	CITY A		STATE A		ZIP CODE A
		-	SIAIL	` _	211 0000
by name, address (ph	one number – optio	onal)			
by name, address (ph	one number – optio	onal)			
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by name, address (pho	one number – optic	onal)			
by name, address (photostate)		onal)	CTATE A		
by name, address (photostate)	one number – optic	onal)	STATE A		ZIP CODE A
	Organization Affili	CITY ▲ Organization Affiliated Committee			

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(h). Joint Fundrais	ing raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connect	ed Organization Affiliated Committee J	oint Fundraising Represent	ative Leadership PAC Sp
Connect			ative Leadership PAC Sp
Connected Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
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esignated Agent: Ident	ify by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or research.	ify by name, address (phone number – optional) CITY Cories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO anks or Other Deposit afety deposit boxes or relame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY COTION IN TOTAL CONTROL OF THE PROPERTY OF THE P	STATE A Telephone Number	ZIP CODE A
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3.			FEC ID	number	C
			FEC ID	number	С
1			FEC ID	number	C
4.			FEC ID	number	С
Name of Any Connected	Organization, Affilia	ted Committee, Joint F	- - - - - - - - - - - - - - - - - - -	esentative	, or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
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esignated Agent: Identify		ffiliated Committee	Joint Fundraising	пергезепта	Leadership FAO op
Pesignated Agent: Identify					Live C Ecadolship FAO Op
Designated Agent: Identify				nepresenta	
Pesignated Agent: Identify				nepresenta	
Pesignated Agent: Identify		phone number – optiona	al)		
Pesignated Agent: Identify	by name, address (al)	TATE A	ZIP CODE A

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(h). Joint Fundrais	ng Participant:			
1.		F	EC ID number	С
2.		F	EC ID number	С
3.		F	EC ID number	С
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lame of Any Connected	l Organization, Affiliated Comm	ittee, Joint Fundraisin	g Representativ	e, or Leadership PAC Spons
Mailing Address				
Relationship:	CITY .		STATE A	ZIP CODE A
Connect	d Organization Affiliated Con			
Pesignated Agent: Ident				
Designated Agent: Ident				
Pesignated Agent: Ident				
Pesignated Agent: Ident	fy by name, address (phone num			
Pesignated Agent: Ident	fy by name, address (phone num		STATE A	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address	fy by name, address (phone num	ber – optional)	STATE A	ZIP COD
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h). Joint Fundraisi	ng Participant:		
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2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ındraising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	v by name, address (phone number – optiona)	
esignated Agent: Identii	y by name, address (phone number – optiona)	
	y by name, address (phone number – optiona		
Full Name	y by name, address (phone number – optiona		
Full Name	y by name, address (phone number – optiona		
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Full Name	CITY		ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, FIRST	CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	
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			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
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Mailing Address				
Relationship:	CITY		STATE ▲	ZIP CODE ▲
	d Organization Affiliated Com	mittee Joint Fu	ndraising Representa	ative Leadership PAC S
Connecte			ndraising Representa	Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Com		ndraising Representa	Leadership PAC S
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esignated Agent: Identif	d Organization Affiliated Com			
esignated Agent: Identif	Affiliated Com by name, address (phone numb CITY		ndraising Representa	Leadership PAC S