## STATEMENT OF

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**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. Jacob Anders for Congress 2020 1114 Charles Avenue ADDRESS (number and street) (Check if address is changed) Jasper 37347 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS redwolf915@yahoo.com (Check if address is changed) Optional Second E-Mail Address redwolf915@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00742312 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. Anders, Kayla, , Mrs., Type or Print Name of Treasurer Anders, Kayla, , Mrs., [Electronically Filed] 03 16 2020 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 Only

Local 202-694-1100

_	F.C. F	4 (7)	
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	plete the candidate
Name Candi		Anders, Jacob, Kristopher, Mr.,	
Candi Party	date Affiliati	on DEM Office Sought: X House Senate President	State TN District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		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 secommittee. (i.e., nonconnected committee)	egregated 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	Iraising Representative:	
(g)		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.	vo 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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	e	
Jacob Anders f	or Congress 2020	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
NONE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in	possession of committee
	ayla, , Mrs.,	ı
Full Name	1114 Charles Avenue	
Mailing Address		
	Jasper , TN , 3734	17
	Jasper TN 3/34	<u> </u>
Title or Position	CITY STATE	ZIP CODE
		323 0997
3. <b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Anders, Ka	ayla, , Mrs.,	
Mailing Address	1114 Charles Avenue	
	Jasper TN 3734	7
Title or Position	CITY STATE	ZIP CODE
1		323 - 0997

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, [		decounts, rents
safety deposit bo	xes or maintains funds.	
safety deposit bo Name of Bank, [	Depository, etc.  Citizens tri-county bank  4765 main street  Jasper  TN 37347	ZIP CODE
safety deposit bo Name of Bank, [	Depository, etc.  Citizens tri-county bank  4765 main street  Jasper  TN 37347  CITY STATE	
safety deposit bo Name of Bank, [	Depository, etc.  Citizens tri-county bank  4765 main street  Jasper  TN 37347  CITY STATE	
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Name of Bank, E	Depository, etc.  Citizens tri-county bank  4765 main street  Jasper  TN 37347  CITY STATE	
Name of Bank, E	Depository, etc.  Citizens tri-county bank  4765 main street  Jasper  TN 37347  CITY STATE	