

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

Tommy Barnes for Congress Committee

ADDRESS (number and street)

106 Clear View Drive

 (Check if address
is changed)

Sheffield

CITY ▲

AL

35660

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

tommybarnes1958@gmail.com

Optional Second E-Mail Address

alicia_gist@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

facebook.com/profile.php?id=61578109304211

2. DATE

M M / D D / Y Y Y Y
07 / 17 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00912600

4. 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 Barnes, Alicia, Hall, ,

Signature of Treasurer Barnes, Alicia, Hall, ,

Date

M M / D D / Y Y Y Y
01 / 13 / 2026NOTE: 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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

Tommy Barnes for Congress Committee**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Barnes, Alicia, Hall, ,

Mailing Address

106 CLEAR VIEW DRIVE

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

256 - 710 - 5836

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Barnes, Alicia, Hall, ,

Mailing Address

106 CLEAR VIEW DRIVE

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

256 - 710 - 5836

Full Name of
Designated
Agent

Barnes, Thomas, Gary, ,

Mailing Address

106 Clear View Drive

Sheffield

AL

35660

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate/Treasurer

Telephone number

256

284

5852

9. **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.

Valley Credit Union

Mailing Address

323 N Nashville Ave

Sheffield

AL

35660

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. 2. 3. 4.

FEC ID number
C
C
C
C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Barnes, Donald, James, ,

Mailing Address 4035 Kernachan Drive

Muscle Shoals

AL

35661

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Secretary/Treasurer

Telephone Number 256 - 443 - 9674

9. **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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

<input type="text"/> C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

<input type="text"/>
<input type="text"/>

Mailing Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name	<input type="text"/> Doyle, Pamela, Joiner, ,
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Mailing Address	<input type="text"/> 1005 Dearborn Avenue
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<input type="text"/> Muscle Shoals	<input type="text"/> AL	<input type="text"/> 35661
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TITLE OR POSITION ▼	<input type="text"/> Chairman	CITY ▲	STATE ▲	ZIP CODE ▲	
		<input type="text"/> Telephone Number	<input type="text"/> 256	<input type="text"/> - <input type="text"/> 762	<input type="text"/> - <input type="text"/> 8868

9. **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.	<input type="text"/>
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Mailing Address	<input type="text"/>
<input type="text"/>	
<input type="text"/>	

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Barnes, Alicia, Hall, ,

Mailing Address

106 CLEAR VIEW DRIVE

TITLE OR POSITION ▼

Treasurer

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

256

710

5836

9. **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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲