Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Dobson for Congress PO Box 6051 ADDRESS (number and street) (Check if address is changed) Montgomery 36106 AL CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@campaignfinancial.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00855494 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 Dobson, Bobby, , Date 11 02 2023 Signature of Treasurer Dobson, Bobby, , , 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

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	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 candidation information below.)	te			
	Name of Candidate Dobson, Caroleene, Hardee, ,				
	Candidate Party Affiliation REP Office Sought: X House Senate President 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 (Democratic, Republican, etc.) Part	у			
Political Action Committee (PAC):					
	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is a:			
	Corporation Corporation w/o Capital Stock Labor Organization	า			
	Membership Organization Trade Association Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)	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:				
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po				
	committees/organizations, at least one of which is an authorized committee of a federal candidate.				
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po committees/organizations, none of which is an authorized committee of a federal candidate.	litical			
	Committees Participating in Joint Fundraiser				
	1	#			

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۷	Vrite or Type Committee Name				
	Dobson for Cong				
3.	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 Representat	Leadership PAC Sponsor		
7.	Custodian of Records: Identi books and records.	ry by name, address (phone number optional) and position of the person	in possession of committee		
	CFS, Comp	liance, , ,			
	Full Name				
	Mailing Address	PO Box 30844			
		Bethesda MD	20824		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Custodians of Record	Telephone number	01 654 3220		
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of		
	Full Name Dobson, Bo	bby, , ,			
		PO Box 6051			
	Mailing Address				
		Montgomery	36106		
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲		
	Treasurer	. 30	01 654 3220		
		Telephone number			

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Full Name of Designated	(1.01.003 02.2000)				
Agent					
Mailing Address					
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲		
	Telephone r	number			
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the commetes or maintains funds.	ittee deposits f	unds, holds accounts, rents		
Name of Bank, D	epository, etc.				
	Wells Fargo				
Mailing Address	8302 Woodmont Avenue				
	Bethesda	MD	20814		
	CITY A	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲	STATE ▲	ZIP CODE ▲		