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

ALISON4CONGRESS  

ADDRESS (number and street)  
   (Check if address is changed)  

PO BOX 818  
SAN LORENZO  
CA 94580  

COMMITTEE'S E-MAIL ADDRESS  
   (Check if address is changed)  

ADMIN@ALISON4CONGRESS.COM  
Optional Second E-Mail Address  
AAHAYDEN@HOTMAIL.COM  

COMMITTEE'S WEB PAGE ADDRESS (URL)  
   (Check if address is changed)  

ALISON4CONGRESS.COM  

2. DATE  
MM / DD / YYYY  
05 / 11 / 2021  

3. FEC IDENTIFICATION NUMBER  
C00776021  

4. 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  
HAYDEN, ALISON,  

Signature of Treasurer  
HAYDEN, ALISON,  

[Electronically Filed]  

Date  
MM / DD / YYYY  
05 / 11 / 2021  

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.  

FEC FORM 1  
(Revised 06/2012)
5. **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 candidate information below.)

<table>
<thead>
<tr>
<th>Name of Candidate</th>
<th>HAYDEN, ALISON, , MS,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Party Affiliation</td>
<td>REP</td>
</tr>
<tr>
<td>Office Sought:</td>
<td>House</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>District</td>
<td>15</td>
</tr>
</tbody>
</table>

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

<table>
<thead>
<tr>
<th>Name of Candidate</th>
<th></th>
</tr>
</thead>
</table>

**Party Committee:**

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. | FEC ID number |
|---|---------------|
2. | FEC ID number |
3. | FEC ID number |
4. | FEC ID number |
## ALISON4CONGRESS

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

<table>
<thead>
<tr>
<th>Name of Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NONE</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship:</th>
<th>Connected Organization</th>
<th>Affiliated Committee</th>
<th>Joint Fundraising Representative</th>
<th>Leadership PAC Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HAYDEN, ALISON</strong></td>
<td>PO BOX 818</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title or Position</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CANDIDATE</strong></td>
<td>PO BOX 818</td>
</tr>
</tbody>
</table>

### 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).

<table>
<thead>
<tr>
<th>Full Name of Treasurer</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HAYDEN, ALISON</strong></td>
<td>PO BOX 818</td>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>CANDIDATE</strong></td>
<td>PO BOX 818</td>
</tr>
</tbody>
</table>

| Telephone number | 510 - 246 - 9061 |
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.

**WELLS FARGO BANK**

Mailing Address

16000 HESPERIAN BLVD

SAN LORENZO CA 94580

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE