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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rick Neighbors for Congress 2020 1008 Cleveland Branch Road ADDRESS (number and street) (Check if address is changed) Hackleburg 35564 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS neighborsrick@yahoo.com (Check if address is changed) Optional Second E-Mail Address neighborsrick@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) neighbors4congress.com (Check if address is changed) DATE 2019 C00729764 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. Neighbors, Rick, , , Type or Print Name of Treasurer Neighbors, Rick, , , [Electronically Filed] 12 05 2019 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

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	OF COMMITTEE lidate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	ow.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cinformation below.)	Complete the candidate
Name Candid	INCIDIOS, INCK., IVII.,	
Candic Party A	date DEM Office Sought: X House Senate Presiden	State AL District 04
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee	
Name Candid		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	cal 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 committee. (i.e., nonconnected committee)	e segregated 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	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
	Committees Participating in Joint Fundraiser	
	1.	
	2. FEC ID number	
	3.	
	4.	

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Write or Type Committee Name	.2006,	. ago 🗸
	or Congress 2020	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	o PAC Sponsor
NONE		
Mailing Address		
L		
L		
	CITY STATE Z	P CODE
Relationship: Connected C	Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
. Custodian of Records: Identif books and records.	y by name, address (phone number optional) and position of the person in posse	ession of committee
Neighbors, R	Rick, , ,	ı
Full Name	1008 Cleveland Branch Road	
Mailing Address		
L	Hackleburg AL 35564	
L	Trackeburg 72 0555	
Title or Position	CITY STATE ZI	P CODE
candidate	Telephone number 205 30	06 1249
Treasurer: List the name and a any designated agent (e.g., ass	address (phone number optional) of the treasurer of the committee; and the name sistant treasurer).	e and address of
Full Name Neighbors, R of Treasurer	ick, , ,	
Mailing Address	1008 Cleveland Branch Road	
L		
	Hackleburg AL 35564	
Title or Position	CITY STATE ZI	P CODE
candidate	Telephone number 205 - 30	6 1249

1 20 1 011	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds. Depository, etc. CB & S Bank	
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, I	Depository, etc. CB & S Bank 200 Jackson Ave S. P.O. Box 910	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc. CB & S Bank 200 Jackson Ave S. P.O. Box 910 Russellville AL 35653	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. CB & S Bank 200 Jackson Ave S. P.O. Box 910 Russellville AL 35653	
Name of Bank, I	Depository, etc. CB & S Bank 200 Jackson Ave S. P.O. Box 910 Russellville CITY STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. CB & S Bank 200 Jackson Ave S. P.O. Box 910 Russellville CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. CB & S Bank 200 Jackson Ave S. P.O. Box 910 Russellville CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. CB & S Bank 200 Jackson Ave S. P.O. Box 910 Russellville CITY STATE Depository, etc.	