

**FEC
FORM 1****STATEMENT 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

STATE ▲

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

MM / DD / YYYY
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

MM / DD / YYYY
01 / 13 / 2026

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☒ 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.)

Name of Candidate Barnes, Thomas, Gary, Mr.,

Candidate Party Affiliation REP

Office Sought: ☒ House ☐ Senate ☐ President

State AL

District 04

- (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 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.)

- (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:

- (i) ☐ 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.
- (j) ☐ 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. _____

2. _____

C _____

C _____

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

SHEFFIELD

AL

35660

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

SHEFFIELD

AL

35660

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 _____

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 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. _____
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 Sponsor

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

Full Name Doyle, Pamela, Joiner, , _____

Mailing Address 1005 Dearborn Avenue _____

Muscle Shoals AL 35661 - _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Chairman _____ Telephone Number 256 - 762 - 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. _____

Mailing Address _____

_____-____

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 Sponsor

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

Full Name Barnes, Alicia, Hall, , _____

Mailing Address 106 CLEAR VIEW DRIVE _____

SHEFFIELD AL 35660 - _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

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 ▲