

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

Robert Aderholt for Congress

ADDRESS (number and street)

P. O. Box 1158

(Check if address is changed)

Haleyville

CITY ▲

AL

STATE ▲

35565-

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

aderholtforcongress@gmail.com

Optional Second E-Mail Address

michele@crosbyott.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.aderholtforcongress.org

2. DATE

04 / 23 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00313247

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 Mobley, Jeff, , Mr.,

Signature of Treasurer

Mobley, Jeff, , Mr.,

[Electronically Filed]

Date

04 / 23 / 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.

Office Use Only				
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For 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 Aderholt, Robert, B., Rep.,

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.)

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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Robert Aderholt for Congress

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

Aderholt Majority Fund

Mailing Address

831 Linwood Ct

Birmingham

AL

35222-4428

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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

Reisner, Michele, , ,

Mailing Address

PO Box 9891

Arlington

VA

22219-1891

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

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

Mobley, Jeff, , Mr.,

Mailing Address

PO Box 1012

Haleyville

AL

35565-1012

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

205

486

2126

Full Name of Designated Agent | Reisner, Michele, , ,

Mailing Address | PO Box 9891
|
| Arlington | VA | 22219-1891 |
| CITY STATE ZIP CODE

Title or Position | Assistant Treasurer | Telephone number | - | - |

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.

BankFirst

Mailing Address | PO Box 31
|
| Macon | MS | 39341 |
| CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Peoples Bank of Alabama

Mailing Address | 811 2nd Avenue SW
|
| Cullman | AL | 35055 |
| CITY STATE ZIP CODE