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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1		STATEMEN ORGANIZA		0	PAGE 1 / 7
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
McDowell fo	r Congr				
ADDRESS (number a	nd street)	PO Box 80172			
× ◀ (Check if a is changed					
	-,	Raleigh └────────────────────────────────────		NC 276 STATE ▲	23-0172 ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRES	S			
(Check if a is changed		gmfornsh@gmail.com			
		Optional Second E-Mail Add	Iress		
COMMITTEE'S WEB	address	RESS (URL)			
2. DATE 09	9 / D I	2024			
3. FEC IDENTIFIC	CATION NU	MBER ► C cc	0860064		
4. IS THIS STATEM	MENT	NEW (N) OR	X AMENDED (A)		
I certify that I have e	examined this	s Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name	of Treasurer	Fornshell, Greg, , ,			
Signature of Treasure	er Fornst	nell, Greg, , ,		Date 09	13 / Y Y Y Y 2024
NOTE: Submission of	false, erroned		may subject the person signing		penalties of 52 U.S.C. §30109
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of McDowell, Addison, , , Candidate State NC Candidate Office REP House Senate President Party Affiliation Sought: District 06 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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).

(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.

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.

6

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

## McDowell for Congress

Name of Any Connected Or	ganizatio	on, Af	filiat	ed (	Con	nmi	ttee	e, J	oin	t F	une	drai	isir	ıg l	Rej	ore	ser	tat	ive,	or	Le	ad	ers	ship	• P/	AC	Sp	on	sor	
First Citizens Bank																														
Mailing Address	2005 Cla	ark Ave	enue																											
	Raleigh																L	IC 			2	760	)5-1 _	603	8					
					CI	TΥ										:	STA	ΤE						ZIF	- C		ЭE			
Relationship: X Connected	Organizati	on	Af	filiat	ed C	Drga	aniz	atio	n		J	oint	Fu	ndr	aisi	ng	Rej	ores	ent	ativ	e	l		Lea	der	ship	א פ	AC	Spo	onsor

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

Fornshell,	Greg, , ,
Full Name	
Mailing Address	PO Box 80172
	Raleigh     NC     27623-0172
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 704 770 5992

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	Fornshell, Greg, , ,					
Mailing Address	PO Box 80172					
	Raleigh     NC     27623-0172					
	CITY ▲ STATE ▲ ZIP CODE ▲					
Title or Position ▼						
Treasurer	Telephone number 704 770 5992					

FEC Form 1	(Revised 02/2009) Page 4	
Full Name of Designated Agent	Fornshell, Greg, , ,	
Mailing Address	PO Box 80172	
	Raleigh     NC     27623-0172	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position	▼	
Treasurer	Telephone number	92

## 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.

Fire	st Citizens								
Mailing Address	2005 Clark Avenue								
	Raleigh		5						
	CITY 🔺	STATE ▲	ZIP CODE ▲						
Name of Bank, Depos	Name of Bank, Depository, etc.								
	iist Bank								
Mailing Address	9111 Litchford Road								
	Raleigh	NC 27615							
	CITY 🔺	STATE A	ZIP CODE						

FEC Form 1S (Revised 02/2017)

L

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
6. <b>Nam</b> e	e of Any Connected (	Drganization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
	-	OUT, HARRIGAN, KNOTT, MCDOWELL, MC		· · · · · · · · · · · · · · · · · · ·
	Mailing Address	PO Box 97275		
		Raleigh		27624-7275
	Relationship:	CITY 🔺	STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	tive Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number – optional)		
F	ull Name			
Ν	lailing Address			
		1		
-	TITLE OR POSITION		STATE A	
L			ephone Number	
	s or Other Depositori deposit boxes or mai	ies: List all banks or other depositories in which th ntains funds.	ne committee deposit	s funds, holds accounts, rents
	e of Bank, sitory, etc.			
	Mailing Address			
1		CITY A	STATE A	ZIP CODE

EC	Form	1S	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:					
1.				FEC	ID number	C	
2.				FEC	ID number	С	
3.				FEC	ID number	С	
4.				FEC	ID number	С	
6. <b>Name</b>	e of Any Connected O	rganization, Affiliat	ed Committee, Join	t Fundraising F	Representative	e, or Leadership PAC Sp	onsor
PI							
	Mailing Address	PO Box 97275					
		Raleigh			NC	27624-7275	
	Relationship:		CITY A		STATE A	ZIP CODE	
	nated Agent: Identify I	y name, address (p	ohone number – optic	onal)			1 1
		<u> </u>					
IVI	lailing Address						
T I					STATE A		
L	TITLE OR POSITION	<b>,</b>		Telephone	STATE		
safety Name		es: List all banks or			Number	ZIP CODE ▲	rents

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h)	Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6. <b>Na</b> i	me of Any Connected (	Drganization, Affiliated Committee, Joint Fund	draising Representative,	or Leadership PAC Sponsor
	Carolina Mavericks Kr			
L				
	Mailing Address	PO Box 97275		
		Raleigh		27624-7275
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joi	nt Fundraising Representati	ve
8. <b>Des</b>		by name, address (phone number – optional)		
8. <b>Des</b>	Full Name	by name, address (phone number - optional)		
8. <b>Des</b>		by name, address (phone number - optional)		
8. Des	Full Name	by name, address (phone number - optional)		
8. Des	Full Name			
8. Des	Full Name		└ · · · · · · · · · · · · · · · · · · ·	
8. Des	Full Name		└ · · · · · · · · · · · · · · · · · · ·	
9. Bar safe Nar	Full Name		Telephone Number	
9. Bar safe Nar	Full Name Mailing Address TITLE OR POSITION hts or Other Depositor ety deposit boxes or mai me of Bank, pository, etc		Telephone Number	
9. Bar safe Nar	Full Name Mailing Address TITLE OR POSITION		Telephone Number	
9. Bar safe Nar	Full Name Mailing Address TITLE OR POSITION hts or Other Depositor ety deposit boxes or mai me of Bank, pository, etc		Telephone Number	