Terrence McGowan 2012
17 Glacier Drive
Howell, New Jersey 07731

TRANSMITTAL

TO: Federal Election Commission
999 E Street, NW
Washington, DC 20463

DATE: 4/3/12

Attn:

Project Name: Form 8453-X

WE ARE SENDING:		SUBMITTED FOR:		ACTION TAKEN:	
	Shop Drawings	X	Approval		Approved as Submitted
	Letter		Your Use		Approved as Noted
	Donation		As Requested		Returned After Loan
	Flyer		Review and Comment		Resubmit
	Invite				Submit
X	Form	SENT VIA:			Returned
	Specifications		Hand Delivered		Returned for Corrections
	Other:	X	UPS		Due Date:

REMARKS:

Enclosed please find the following...
Form FEC Form 1
Form FEC Form 2

Thank you,
Ana Lucas

Please fax back signed Transmittal.

RECEIVED BY: _____ ***DATE:*** _____
signature

_____
print name

12030763095

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
2012 APR -4 PM 4:44
FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Friends of Terrence McGowan 2012

ADDRESS (number and street) 17 GLACIER DRIVE

☐ (Check if address is changed)

HOWELL NJ 07731-

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed) mcgowan2012@live.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) facebook.com/mcgowan2012

2. DATE 04 02 2012

3. FEC IDENTIFICATION NUMBER C

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 Ana M. Lucas

Signature of Treasurer Ana M. Lucas Date MM 04 DD 02 YYYY 2012

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				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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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: Terrence McGowan

Candidate Party Affiliation: Rep

Office Sought: ☒ House ☐ Senate ☐ President

State: NJ

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

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

Mailing Address

CITY STATE ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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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: Ana M Lucas

Mailing Address: 29 Nate Lane

Howell NJ 07731

CITY STATE ZIP CODE

Title or Position: Treasurer

Telephone number: 732-259-2776

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: Ana M Lucas

Mailing Address: 29 Nate Lane

Howell NJ 07731

CITY STATE ZIP CODE

Title or Position: Treasurer

Telephone number: 732-259-2776

Full Name of Designated Agent: Laura L McGowan

Mailing Address: 17 Glacier Drive

CITY: Howell STATE: NJ ZIP CODE: 07731-

Title or Position: Assistant Treasurer

Telephone number: 732-904-3435

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: 242 Main Street

CITY: Keansburg STATE: NJ ZIP CODE: 07734-

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

12030763099

12030763100

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
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Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 4/5/12

(3/2005)