Only

PAGE 1/7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Cawthorn For NC 638 Spartanburg Hwy ADDRESS (number and street) Ste 70 #362 (Check if address is changed) Hendersonville NC 28792 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS blakeharp97@me.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://madisoncawthorn.com/ (Check if address is changed) DATE 2022 C00732958 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. CAWTHORN, MADISON, DAVID, , Type or Print Name of Treasurer CAWTHORN, MADISON, DAVID, , [Electronically Filed] 07 15 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2			
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 information below.)	candidate			
Name of Cawthorn, David, Madison, ,				
Candidate Party Affiliation REP Office Sought: House Senate President	State NC District 11			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 11			
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) committee of the Republican, e	tc.) 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 Org	anization			
Membership Organization Trade Association Cooperation	/e			
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 committee. (i.e., nonconnected committee)	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.)				
(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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political			
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political			
Committees Participating in Joint Fundraiser				
1C				

	FEC Form 1 (Revise	ed 02/2009)	Page <b>3</b>
V	Irite or Type Committee Na	ame	
	Cawthorn Fo	or NC	
6.	Name of Any Connecte TAKE BACK THE	d Organization, Affiliated Committee, Joint Fundraising Representati HOUSE 2022	ive, or Leadership PAC Sponsor
	Mailing Address	PO BOX 30844	
		BETHESDA	20824-0844
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship: Connec	cted Organization Affiliated Organization X Joint Fundraising Repres	eentative Leadership PAC Sponso
·	Custodian of Records: lo	dentify by name, address (phone number optional) and position of the pe	rson in possession of committee
	CAWT	HORN, MADISON, DAVID, ,	
	Full Name		
	Mailing Address	657 N Rugby Rd	
		Hendersonville	
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
3.	Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the commit- g., assistant treasurer).	ttee; and the name and address of
	Full Name CAWT	HORN, MADISON, DAVID, ,	
	of Treasurer		
	Mailing Address	657 N Rugby Rd	
		Hendersonville   NC	
		CITY A STATE	▲ ZIP CODE ▲
	Title or Position ▼		
		Telephone number	

FEC Form 1 (Revised C	02/2009)		Page <b>4</b>	
Full Name of Designated Agent				
Mailing Address				
Till and Davidson	CITY A	STATE ▲	ZIP CODE ▲	
Title or Position ▼				
	Teleph	one number	-	
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the datains funds.	committee deposits funds,	holds accounts, rents	
Name of Bank, Depository, e	etc.			
Truist				
Mailing Address	2200 Wilson Blvd, Ste 100			
	Arlington	VA	201	
	CITY ▲	STATE ▲	ZIP CODE ▲	
Name of Bank, Depository, etc.				
Wells F	argo Bank	1 1 1 1 1 1 1 1 1		
Mailing Address	8302 Woodmont Ave			
	Bethesda	MD 208	14	
	CITY ▲	STATE ▲	ZIP CODE ▲	

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
CAWTHORN TRI	IUMPH COMMITTEE		
<u> </u>			
Mailing Address	3103 JULIAN GLEN CIR		
	WAXHAW	NC	28173
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
П	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name	CITY A	1	
Full Name Mailing Address  TITLE OR POSITION	CITY A  Te  pries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	CITY ▲  CITY ▲  Te  pries: List all banks or other depositories in which aintains funds.	elephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mail arms of Bank, Middle	CITY A  Te  pries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mainly deposit boxes or mainly depository, etc.	CITY ▲  CITY ▲  Te  pries: List all banks or other depositories in which aintains funds.	elephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail	CITY ▲  CITY ▲  Te  pries: List all banks or other depositories in which aintains funds.  Petown Valley Bank	elephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mainly deposit boxes or mainly depository, etc.	CITY ▲  CITY ▲  Te  pries: List all banks or other depositories in which aintains funds.  Petown Valley Bank	elephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisin</b>	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint  by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		- Linutaising nepresent	Leadership FAC 3
esignated Agent: Identify		runuraising nepresente	Leadership FAC 3
esignated Agent: Identify  Full Name		runuraising nepresente	Leadership FAC 3
esignated Agent: Identify  Full Name		runuraising nepresente	Leadership FAC 5
esignated Agent: Identify  Full Name	by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  afety deposit boxes or ma	by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name	by name, address (phone number – optional)  CITY   CITY   Tes: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   CITY   Tes: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

5(g)	or(h). <b>Joint Fundraisi</b> n	ng Participant:	
	1		FEC ID number C
	2.		FEC ID number C
	3		FEC ID number
	4		FEC ID number
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fu	undraising Representative, or Leadership PAC Sponsor
	Mailing Address		
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	d Organization Affiliated Committee Jo	Joint Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	y by name, address (phone number – optional)	)
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
			Telephone Number
9.	safety deposit boxes or ma	aintains funds.  Bridge Bank	nich the committee deposits funds, holds accounts, rents
	Mailing Address	1145A Laughlin Avenue	
		McLean	VA 22101
		CITY ▲	STATE ▲ ZIP CODE ▲