FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Tony Cowden for Congress 3905 Delway Hwy ADDRESS (number and street) (Check if address is changed) Harrells 28444 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaign-compliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.tonycowden.com (Check if address is changed) DATE 2021 C00797506 FEC IDENTIFICATION NUMBER > 3. X 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. Slater, Jen, , , Type or Print Name of Treasurer Slater, Jen,,, [Electronically Filed] 04 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009) Page 2	
		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.)	
Nam Can	e of didate	Cowden, Anthony 'Tony', , ,	
	didate / Affiliation	on REP Office Sought: House Senate President District	-
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee: (National, State (Democratic,	
(d)		This committee is a committee of the committee of the Republican, etc.) Par	ty.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	s 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 par committee. (i.e., nonconnected committee)	ty
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising 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.	
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		Ī

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		<u> </u>
Tony Cowden for	or Congress	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
COWDEN SAFTA VIC	207 FAYETTEVILLE STREET STE 200 RALEIGH NC 27601 CITY STATE	ZIP CODE deadership PAC Sponsor
 Custodian of Records: Ident books and records. Slater, Jen, 	ify by name, address (phone number optional) and position of the person in p	ossession of committee
Full Name		
Mailing Address	9070 Irvine Center Drive #150	
	Irvine CA 92618	
Title or Position	CITY STATE	ZIP CODE
Treasurer		858 7448
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the resistant treasurer).	name and address of
Full Name Slater, Jen, of Treasurer	,, 	
Mailing Address	9070 Irvine Center Drive #150	
	Irvine CA 92618	7ID 0005
Title or Position	CITY STATE Telephone number 949 - [ZIP CODE 858 7448

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc.	
-	Depository, etc. Bank of America 67 Technology Dr	
Name of Bank,	Depository, etc. Bank of America 67 Technology Dr	
Name of Bank,	Depository, etc. Bank of America 67 Technology Dr	3 1
Name of Bank,	Depository, etc. Bank of America 67 Technology Dr	ZIP CODE
Name of Bank,	Depository, etc. Bank of America 67 Technology Dr Irvine CA 92618	
Name of Bank, Mailing Address	Depository, etc. Bank of America 67 Technology Dr CA 92618	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 67 Technology Dr CA 92618	
Name of Bank, Mailing Address	Depository, etc. Bank of America 67 Technology Dr CA 92618	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 67 Technology Dr CA 92618	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 67 Technology Dr CA 92618	