**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Cowan For Congress, Inc. PO BOX 3235 ADDRESS (number and street) (Check if address is changed) Mareitta 30061 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS daniel@cowanforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2016 C00613786 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. Leigh Ann Gillis Type or Print Name of Treasurer Leigh Ann Gillis [Electronically Filed] 04 2016 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 Only

Local 202-694-1100

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		COMMITTEE e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Name Candi		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candida information below.)    Daniel Cowan	te
Candi		ion REP Office State Senate President District	GA 11
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.)	Party.
Politi	ical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	on is a
		Corporation Corporation w/o Capital Stock Labor Organization	tion
		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 committee. (i.e., nonconnected committee)	party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political	I
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  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.	l
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	_
	4.		

Write or Type Committee Name  COWAN For Congress, Inc.  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spone None  Mailing Address  Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of a books and records.  Leigh Ann Gillis  Full Name  Mailing Address  PO BOX 3235  Mailing Address  Title or Position  CITY STATE ZIP CODE  Telephone number	FEC <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
NONE  Mailing Address  Mailing Address  Mailing Address  CITY  STATE  ZIP CODE  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative, or Leadership PAC Spot  CITY  STATE  ZIP CODE  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  Leadership PAC  Leadership PAC  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of cobooks and records.  Leigh Ann Gillis  Full Name  Marietta  PO BOX 3235  Mailing Address  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and addrany designated agent (e.g., assistant treasurer).  Full Name  Leigh Ann Gillis  CITY  STATE  ZIP CODE  Telephone number  Leigh Ann Gillis  Of Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and addrany designated agent (e.g., assistant treasurer).			
NONE  Mailing Address  Mailing Address  CITY  STATE  ZIP CODE  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative, or Leadership PAC Spone PAC Spone  CITY  STATE  ZIP CODE  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of cooks and records.  Leigh Ann Gillis  Full Name  PO BOX 3235  Marietta  Marietta  GA  30061  Title or Position  CITY  STATE  ZIP CODE  Telephone number  Telephone number  Leigh Ann Gillis  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and addrary designated agent (e.g., assistant treasurer).  Full Name  Leigh Ann Gillis  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and addrary designated agent (e.g., assistant treasurer).	Cowan For Co	ngress, Inc.	
Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of cobooks and records.  Leigh Ann Gillis  Full Name PO BOX 3235  Mailing Address  Marietta GA 30061  Title or Position CITY STATE ZIP CODE  Telephone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address (phone number optional) of the treasurer of the committee; and the name and address of			Leadership PAC Sponsor
CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of obooks and records.  Leigh Ann Gillis  Full Name PO BOX 3235  Marietta GA 30061  Title or Position CITY STATE ZIP CODE  Telephone number optional) of the treasurer of the committee; and the name and addrany designated agent (e.g., assistant treasurer).  Full Name Leigh Ann Gillis  of Treasurer  LEIGH Ann Gillis	ONE		
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books and records.  Leigh Ann Gillis  Full Name  PO BOX 3235  Mailing Address  Marietta  GA  GA  30061  Title or Position  CITY  STATE  ZIP CODE  Telephone number	Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Full Name PO BOX 3235  Mailing Address  Marietta  GA 30061  ——  Title or Position  CITY  STATE  ZIP CODE  Telephone number  Telephone number  Telephone number of the committee; and the name and address (phone number of treasurer).  Full Name  Leigh Ann Gillis  of Treasurer  Leigh Ann Gillis		entify by name, address (phone number optional) and position of the person	n in possession of committee
Mailing Address  Mailing Address  Marietta  Marietta  GA  30061  Title or Position  CITY  STATE  ZIP CODE  Telephone number  Telephone number  Telephone number  Telephone number  List the name and address (phone number optional) of the treasurer of the committee; and the name and addrest any designated agent (e.g., assistant treasurer).  Full Name  of Treasurer  Leigh Ann Gillis  of Treasurer	1 -	n Gillis	
Marietta  GA 30061  Title or Position  CITY  STATE  ZIP CODE  Telephone number  Telephone number optional) of the treasurer of the committee; and the name and addrany designated agent (e.g., assistant treasurer).  Full Name  of Treasurer  Leigh Ann Gillis  of Treasurer		PO BOX 3235	
Title or Position  CITY  STATE  ZIP CODE  Telephone number  Telephone number  Telephone number optional) of the treasurer of the committee; and the name and addrany designated agent (e.g., assistant treasurer).  Full Name  Leigh Ann Gillis  of Treasurer  LPO BOX 3235	J		
Telephone number  Telephone nu		Marietta GA	30061
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name  Leigh Ann Gillis  of Treasurer  LPO BOX 3235	Title or Position	CITY STATE	ZIP CODE
any designated agent (e.g., assistant treasurer).  Full Name		Telephone number	
of Treasurer PO BOX 3235	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Mailing Address  PO BOX 3235		n Gillis	
	Mailing Address	PO BOX 3235	
Marietta GA 30061		Marietta	30061
CITY STATE ZIP CODE Title or Position	Title or Position	CITY STATE	ZIP CODE
Telephone number		Telephone number	

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Full Name of Designated Agent		- , , , , , , , 1
Mailing Address		
g : 12 <b>4.</b> 000		
	CITY STATE	ZIP CODE
Title or Position		
Banks or Other safety deposit be Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.  Depository, etc.  Bank Of North Georgia  269 Roswell St NE	
	Marietta GA 30060	
	CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc.	
Mailing Address		
	CITY STATE	ZIP CODE