

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE
10 JAN 20 AM 10:10

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Chad McGowan for Senate

ADDRESS (number and street)

Chad McGowan for Senate, Inc.

1539 Health Care Drive

(Check if address is changed)

Rock Hill

SC

29732

CITY

STATE

ZIP CODE

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

(Check if address is changed)

chad@chadmccgowan.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.chadmccgowan.com

2. DATE

01

11

2010

3. FEC IDENTIFICATION NUMBER

C C00468637

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

Mr. Robert V. Phillips

Signature of Treasurer

Date

01

11

2010

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)

10020022510

5. TYPE OF COMMITTEE (Check One)

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 Mr. Chad Alan McGowan

Candidate Party Affiliation: DEM REP IND OTH

Office Sought: House Senate President

State: AL AK AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District: 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49

- (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
- (f) 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	<input type="checkbox"/> C _____
2. _____	FEC ID number	<input type="checkbox"/> C _____
3. _____	FEC ID number	<input type="checkbox"/> C _____
4. _____	FEC ID number	<input type="checkbox"/> C _____

10020022511

Write or Type Committee Name

Chad McGowan for Senate

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

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

Robert V. Phillips

Mailing Address

1539 Health Care Drive

Rock Hill

SC

29732

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

803

327

7800

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

Robert V. Phillips

Mailing Address

1539 Health Care Drive

Rock Hill

SC

29732

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

803

327

7800

10020022512

Full Name of Designated Agent

Jay Petterson

Mailing Address

1539 Health Care Drive

Rock Hill

SC

29732 -

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

803

327

7800

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.

Bank of America

Mailing Address

222 East Main Street

Rock Hill

SC

29730 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10020022513

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TO: MCGOWAN FOR SENATE, INC
1539 HEALTH CARE DR.
ROCK HILL, SC 29732

To/De

OFFICE OF PUBLIC RECORDS
SHIP PO Box 2517
TO: Alexandria, VA 22301-0517

ZIP - e/ USPS DELIVERY CONFIRM

Cour



420 22301 9101 1480 0860 0494 1467 69

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NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2118
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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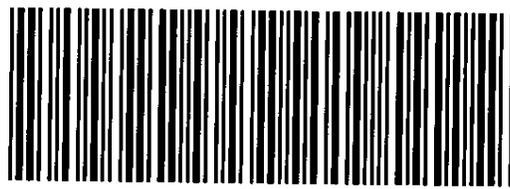
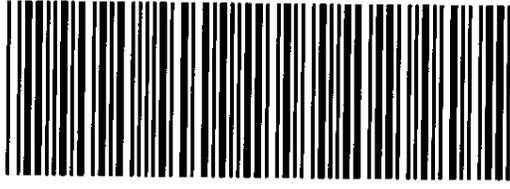
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