PAGE 1 / 4

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. Owen Hill for Congress 212 E Madison St ADDRESS (number and street) (Check if address is changed) Colorado Springs 80907 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS campaign@owenhillforcongress.com (Check if address is changed) Optional Second E-Mail Address paul@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.owenhillforcongress.com (Check if address is changed) DATE 2017 C00637496 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. Rudy, Patrick, , , Type or Print Name of Treasurer Rudy, Patrick, , , [Electronically Filed] 04 12 2017 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

FEC F	Form 1 (Revised 02/2009) Page 2
	COMMITTEE te Committee:
(a) x	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	Hill, Owen, , ,
Candidate Party Affilia	Action REP Office Sought: House Senate President District CO District District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee: (National, State (Democratic,
(d)	This committee is a or subordinate) committee of the 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 Fur	ndraising 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.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number C
4	FEC ID number

FEC Form 1 (Revis	ed 02/2009)	Page 3
Write or Type Committee N		
Owen Hill for	Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person i	n possession of committee
	Patrick, , ,	
Full Name	212 E Madison St	
Mailing Address		
	Colorado Springs CO 809	907
Title or Position	CITY STATE	ZIP CODE
Treasurer	719 Telephone number	- 339 - 0064
. Treasurer : List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	ne name and address of
Full Name Rudy, of Treasurer	Patrick, , ,	
Mailing Address	212 E Madison St	
	Colorado Springs CITY STATE	007
Title or Position Treasurer	719 Telephone number	- 339 - 0064

	1 (Revised 02/2009)	
Full Name of Designated Agent	Kilgore, Paul, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens CITY STATE Z	IP CODE
Title or Position Assistant Treasu	rer	34 7780
	kes or maintains funds.	
Name of Bank, Do		
Name of Bank, Do	epository, etc.	
Name of Bank, Do	epository, etc. Wells Fargo	
Name of Bank, Do	epository, etc. Wells Fargo	
Name of Bank, Do	Wells Fargo 420 Montgomery St San Francisco CA 94104	IP CODE
Name of Bank, Do	Wells Fargo 420 Montgomery St San Francisco CA 94104 CITY STATE Z	IP CODE
Name of Bank, Do	Wells Fargo 420 Montgomery St San Francisco CA 94104 CITY STATE Z	IP CODE
Mailing Address Name of Bank, Do	Wells Fargo 420 Montgomery St San Francisco CA 94104 CITY STATE Z	IP CODE
Name of Bank, Do	Wells Fargo 420 Montgomery St San Francisco CA 94104 CITY STATE Z	IIP CODE
Mailing Address Name of Bank, Do	Wells Fargo 420 Montgomery St San Francisco CA 94104 CITY STATE Z	IIP CODE
Mailing Address Name of Bank, Do	epository, etc. Wells Fargo 420 Montgomery St San Francisco CA 94104 CITY STATE Z epository, etc.	IP CODE