Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. TODD ROWLEY FOR CONGRESS P.O. Box 13 ADDRESS (number and street) (Check if address is changed) Jones Mills 15646 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS toddrowleyPA13@gmail.com (Check if address is changed) Optional Second E-Mail Address michael.d.barron@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.toddrowleyforcongress.com (Check if address is changed) DATE 09 2019 C00723858 FEC IDENTIFICATION NUMBER > 3. 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. Barron, Michael, , , Type or Print Name of Treasurer Barron, Michael, , , [Electronically Filed] 10 2019 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

TYPE OF COMMITTEE Candidate Committee: (a)		EEO Fo	rm 1 (Pavisad 02/2000)	Page 9
Candidate Committee: (a)				Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Party Affiliation DEM Office Sought: X House Senate President District 13 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Manual Committee: (National, State or subordinate) committee of the Republican, etc.) Party Political Action Committee is a Separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a Corporation Corp				
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		2.	FEC ID number	
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4.		4.		

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Write or Type Committee Name	
TODD ROWLEY FOR CONGRESS	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in positions and records.	session of committee
Rowley, Todd, , ,	I
Full Name P.O. Box 13	
Mailing Address	
Jones Mills	
Title or Position CITY STATE	ZIP CODE
Candidate Telephone number	483 - 3276
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	ne and address of
Full Name Barron, Michael, , ,	1
of Treasurer	
Mailing Address	
Jones Mills	
	ZIP CODE
Title or Position	331 - 7476 - 1

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Full Name of Designated Agent	Rowley, Todd, , ,	
Mailing Address	P.O. Box 13	
	Jones Mills PA 15646	
Title on D. 191	CITY STATE ZIF	P CODE
Title or Position Candidate		3276
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits funds, holds an	ccounts, rents
Banks or Other safety deposit be Name of Bank, I	Depository, etc.	ccounts, rents
safety deposit bo	Depository, etc. First National Bank	ccounts, rents
safety deposit bo	Depository, etc.	counts, rents
safety deposit be Name of Bank, I	Depository, etc. First National Bank 4140 E. State Street	counts, rents
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safety deposit be Name of Bank, I	Depository, etc. First National Bank 4140 E. State Street Hermitage PA 16148	ccounts, rents
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