FE6AN026

2011 JUL 25 FATT: 92

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typin r the lines.	ng, type	12̈́FË́4M̃5		
SOUTH CAROL	LINA BA	NKER	s, Ass	OCIAT	70N 1	FEDERA	L PACI
	1 1 1 1 1 1	1111	1 1 1 1		<u> </u>		
ADDRESS (number and street)	P.O. BO	X 14	83			<u> </u>	لببب
Check if different than previously reported. (ACC)	COLUM	BIA	<u> </u>		50	29202	<u> </u>
2. FEC IDENTIFICATION N	UMBER ▼	CITY A	-	<u>.</u>	STATE A	ZIP CC	DE 🛦
00001038	861	3. IS THIS REPORT	11 11	IEW N) <b>OR</b>	AN (A)	MENDED )	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	. []	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Querterly Reperts:	Due Oil.	Mar 20 (M3) Apr 20 (M4)		lun 20 (M6) Jul 20 (M7)		20 (M9)	Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (0	21)	Apr 20 (M-7)			<u></u>		
July 15 Quarterly Report (0	(c) 12-Day PRE-Elec	tion	Primary (12P	"	General	(12G)	Runoff (12R)
October 15	Report fo	the:	Convention (	12C)	Special	(12S)	
Quarterly Report (C January 31 Year-End Report (N		Election on	[M\] /	,[	<u> </u>	in the	tc
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Ele		General (300	s) [	Runoff (	30R)	Special (30S)
Termination Report (TER)	Report fo	r the: Election on	(M. 1. M.)	ا روبو	<b>Y 1 Y 1 Y 1 Y</b> 1	in the	to to
5. Covering Period	7 07 2	ÖII	through	06	' <b>3</b> 0'	2011	
I certify that I have examined the Type or Print Name of Treasure			PARK		e, correct an	d complete.	
Signature of Treasurer	Linda 1	r. Pa	rker	<u>'</u> D	ate 0	7'[19]'	2017
NOTE: Submission of false, arron	neous, or incomplete in	ormation may su	ubject the pers	son signing th	is Report to t	he penalties of 2	U.S.C. §437g.
Office Use						FEC FOR	
Only			•	}	ļ	Rev. 12/2	<u>.                                    </u>

# 11030640025

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

# SOUTH CAROLINA BANKERS ASSOCIATION FEDERAL PAC

R	eport Covering the Period: From:		06'30' 2011'
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,		16,61539
	(b) Cash on Hand at Beginning of Reporting Period	16.615.39	
	(c) Total Receipts (from Line 19)		
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1.615.39	1.661539
<b></b> -	Total Disbursements (from Line 31)	45500	<u>65500</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15,96039	15,96039
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	This committee has qualified as a multic	andidate committee. (see FEC FORM 1M)	
_		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	•

# 11030640026

### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

		minuse radine		A		_
Sou	ITH	CAROLINA	BANKERS	ASSOCIATION	FEDERAL	Pac

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11. Contributions (other than loans) From:				
(a) Individuals/Persons Other Than Political Committees				
	OO	<b>(</b> )		
(i) Itemized (use Schedule A)				
(ii) Unitemized				
(iii) TOTAL (add		[		
Lines 11(a)(i) and (ii)▶				
(b) Political Party Committees				
(c) Other Political Committees				
(such as PACs)				
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)				
12. Transfers From Affiliated/Other		<u></u>		
Party Committees				
13. All Loans Received				
14. Loan Repayments Received				
15. Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)				
16. Refunds of Contributions Made				
to Federal Candidates and Other Political Committees				
17. Other Federal Receipts				
(Dividends, Interest, etc.)				
18. Transfers from Non-Federal and Levin Fund				
(a) Non-Federal Account	_			
(from Schedule H3)				
(b) Levin Funds (from Schedule H5)				
(b) Levin runde (nom concude rio)				
(c) Total Transfers (add 18(a) and 18(b))	· · · · · · · · · · · · · · · · · · ·	\		
(6) 10121 1121101010 (222 10(2) 2112 10(2))				
19. Total Receipts (add Lines 11(d),		<u></u>		
12, 13, 14, 15, 16, 17, and 18(c))▶	00	n E		
,,,,,,,,				
20. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶				

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Total This Period	Calefluar Tear-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating  Expenditures	655,00	<u> </u>
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	655.00	65500
22.	Transfers to Affillated/Other Pasty Committees		
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
	Independent Expenditures		
25.	(use Schedule E)		
	(2 U.S.C. §441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made	·	
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		[ <del></del>
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	Lanaman	
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31	Total Disbursements (add Lines 21(c), 22,	, —	
<b>.</b>	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	655.00	(55.00)
32.			
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		
	,		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A** III. Net Contributions/Operating Ex-**COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) ..... 34. Total Contribution Refunds (from Line 28(d)) ..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ........ ▶ 37. Offsets to Operating Expenditures (fram Lime 15, page 3)..... 38. Nat Operating Expenditures 

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

SCHEDULE	A (FEC FORIII 3A)		Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		for each category of the	11a 11b 11c 12			
		Detailed Summary Page	13 14 15 16 17			
Any information or for commercia	copied from such Reports and Sill purposes, other than using the	rson for the purpose of soliciting contributions to solicit contributions from such committee.				
	OMMITTEE (In Full)					
Sour	-H CAROLIN	<u>a Bf</u>	ANKERS ASSO	CLATION FEDERAL PAC		
Full Name (Last, First, Middle Initial)			Date of Receipt			
Mailing Addres	SS					
City		State	Zip Code			
		(ama)		Amount of Each Receipt this Period		
FEC ID numb federal politica	er of contributing al committee.	C				
Name of Emp	loyer	Occupation				
Receipt For:	General		Year-to-Date ▼			
Primary Other (s	☐ General specify) ▼		/grrrrr			
Full Name //	est Firet Middle Imitial			<del></del>		
Full Name (Last, First, Middle Initial)  B Mailing Address				Date of Receipt		
				MANN ( DAD ) ( AAAAAA		
City	· · · · · · · · · · · · · · · · · · ·	State Zip Code		Amount of Each Receipt this Period		
FEC ID numb	er of contributing			Allouit of Each receipt this relied		
federal politica		<u> </u>				
Name of Emp	loyer	Occupation				
Receipt For: Primary	General	Aggregate	Year-to-Date ▼			
	pecify) ₩		<u>^_^~</u>			
Full Name (La	est, First, Middle Initial)			Date of Receipt		
Mailing Addre	SS			Lararand , Larad , Lararand		
City		State	Zip Code	Amount of Each Respire this Payland		
FEC ID number of contributing		C	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Amount of Each Receipt this Period		
federal politica		Z Occurration				
Name of Employer  Occupation  Receipt For:  Aggregate Year-to-Date ▼						
			]			
Primary Other (s	General General		man man			
SUBTOTAL of Receipts This Page (optional)						
TOTAL This Period (last page this time number only)						

<b>SCHEDUL</b>	ΕB	(FEC	<b>Form</b>	3X)
ITEMIZED	DISE	URSE	MENT	'S

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)   FOR LINE N		•	
ITEMIZED DISBURSEMENTS	for each category of the	(check only d	one) 	] 24
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
/ SOUTH CAPOLINA F	BANKERS AS	SOCIA	TION FAD	FRAI PAN
Full Name (Last, First, Middle Initial)		- JJ - J   1		
A. DEPARTMENT OF	Revenue		Date of Disbursemen	
Mailing Address			03 15	2011
' / 1	State Zip Code .	<del></del>	<del></del>	
COLUMBIA 50 Purpose of Disbursement	29214			
	ree [		Amount of Each Dis	bursement this Period
Candidate Name		Category/ Type		2500
Office Sought: House Disbursen	<del></del>	.,,,,,		
<u> </u>	Primary General Other (specify) ▼			
State: District:	\- <u>F1</u> /1			
Full Name (Last, First, Middle Initial)  B. ———————————————————————————————————			Date of Disbursemen	nt
J.W. HUNT & CO	MPANY		[ATD] / [AT'S]	1 [13.24.2.1]
P.O. Box 265			UT LU	au II
City Collins So	State Zip Code 29202			<del></del>
Purpose of Disbursement	<u> </u>	- -		_
Accounting Fees Candidate Name			Amount of Each Dis	bursement this Period
		Category/ Type		_,630_00
Office Sought: Honse Disbursen Senate	nent For: Primary General		•	
President	Other (specify)	}		
State: District:  Full Name (Last, First, Middle Initial)	<del></del>			
C.			Date of Disburseme	nt
Mailing Address			M-1M / [0-1-0	\ \\
	State Zip Code			
·				
Purpose of Disbursement			Amount of Fach Dia	bursement this Period
Candidate Name		Category/	The second of th	
Office Sought: House Disbursen	nent For:	Туре	L	-nn
	Primary General	}		
State: District:	Other (specify)			
CURTOTAL of Dichards The Co.				
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		
TOTAL This Period (last page this line number only)		<b>&gt;</b>	<u>L</u>	<u></u>

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