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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

BEN FRASIER FOR CONGRESS

ADDRESS (number and street) ▼ POST OFFICE BOX 31

☐ Check if different than previously reported. (ACC)

CITY ▲ JOHN'S ISLAND — STATE ▲ SC — ZIP CODE ▲ 29457-0031

2. FEC IDENTIFICATION NUMBER ▼ C00479758

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

STATE ▼ SC — DISTRICT 01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on MM 11 / DD 02 / YYYY 2010 in the State of SC

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM 10 / DD 01 / YYYY 2010 through MM 12 / DD 31 / YYYY 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BEN FRASIER (ASSISTANT TREASURER)

ASSISTANT TREASURER
Signature of Treasurer

Date MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

11030561087

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

BEN FRASIER FOR CONGRESS

Report Covering the Period: From: 10 / 01 / 2010 To: 12 / 31 / 2010

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	297000	
(b) Total Contribution Refunds (from Line 20(d))	0.00	
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	297000	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	491954	
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	491954	
8. Cash on Hand at Close of Reporting Period (from Line 27)	278842	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

11030561088

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Report Covering the Period: From: 10 / 01 / 2010 To: 12 / 31 / 2010

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	250.00	
(ii) Unitemized	2720.00	
(iii) TOTAL of contributions from individuals ▶	2970.00	
(b) Political Party Committees	0.00	
(c) Other Political Committees (such as PACs)	0.00	
(d) The Candidate	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	2970.00	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	
13. LOANS:		
(a) Made or Guaranteed by the Candidate	1,440.00	
(b) All Other Loans	700.00	
(c) TOTAL LOANS (add Lines 13(a) and (b))	2140.00	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	5110.00	

11030561089

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	4,919.54	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	2,140.00	
(b) Of All Other Loans NONE		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	2,140.00	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	
(b) Political Party Committees	0.00	
(c) Other Political Committees (such as PACs)	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	
21. OTHER DISBURSEMENTS	0.00	
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	7,059.54	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	4,737.96
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	5,110.00
25. SUBTOTAL (add Line 23 and Line 24)	9,847.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	7,059.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	2,788.42

11030561090

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BEN FRASIER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): CAMINA, WILHELMINA
Mailing Address: 6117 NIGHTSHADE CT.
City: NORTH BETHESDA State: MD. Zip Code: 20852
FEC ID number of contributing federal political committee: C00479758
Name of Employer:
Occupation: RETIRED
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 25000
Date of Receipt: 10 / 28 / 2010
Amount of Each Receipt this Period: 25000
☐ Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: MM / DD / YYYY
Amount of Each Receipt this Period:
☐ Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: MM / DD / YYYY
Amount of Each Receipt this Period:
☐ Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 25000

TOTAL This Period (last page this line number only) ▶

11030561091

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full): BEN FRASIER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): W.I.C.I.C.
Mailing Address:
City: Wadmalaw Island State: S.C. Zip Code: 29487
Purpose of Disbursement: WAD CENTER
Candidate Name: BEN FRASIER
Office Sought: [X] House [ ] Senate [ ] President
State: S.C. District: 1ST
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 10/06/2010
Amount of Each Disbursement this Period: 50000
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): W.I.C.I.C.
Mailing Address:
City: Wadmalaw Island State: S.C. Zip Code: 29487
Purpose of Disbursement: WAD CENTER
Candidate Name: BEN FRASIER
Office Sought: [X] House [ ] Senate [ ] President
State: S.C. District: 1ST
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 10/06/2010
Amount of Each Disbursement this Period: 25000
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): BEN FRANKLIN PRINT & POST STATION
Mailing Address: 1655-A SAVANNAH HWY.
City: CHARLESTON State: S.C. Zip Code: 29407
Purpose of Disbursement: PRINTING
Candidate Name: BEN FRASIER
Office Sought: [X] House [ ] Senate [ ] President
State: S.C. District: 1ST
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 10/08/2010
Amount of Each Disbursement this Period: 10514
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 175514

TOTAL This Period (last page this line number only) ▶

29010305610

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full)

BEN FRASIER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial): I.M.A

Mailing Address

City State Zip Code

Purpose of Disbursement: EVENT-MEMBER

Candidate Name: BEN FRASIER

Office Sought: [X] House [ ] Senate [ ] President

State: S.C. District: 1ST

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Category/Type

Date of Disbursement: 10 / / 2010

Amount of Each Disbursement this Period: 1,000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial): NIAF

Mailing Address

City State Zip Code

Purpose of Disbursement:

Candidate Name: BEN FRASIER

Office Sought: [X] House [ ] Senate [ ] President

State: S.C. District: 1ST

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Category/Type

Date of Disbursement: 10 / 11 / 2010

Amount of Each Disbursement this Period: 5,000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial): BENJAMIN FRASIER

Mailing Address

City State Zip Code

Purpose of Disbursement: POLITICAL EVENT

Candidate Name: BEN FRASIER

Office Sought: [X] House [ ] Senate [ ] President

State: S.C. District: 1ST

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Category/Type

Date of Disbursement: 10 / 15 / 2010

Amount of Each Disbursement this Period: 15,000.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 30,000.00

TOTAL This Period (last page this line number only) ▶ 205,514.

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full): BEN FRASIER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): SUMMERVILLE COMMUNICATIONS, INC
Mailing Address: 104 E. DOTY AVENUE
City: SUMMERVILLE State: S.C. Zip Code: 29783
Purpose of Disbursement: ADVERTISEMENT
Candidate Name: BEN FRASIER
Office Sought: [X] House [ ] Senate [ ] President
State: S.C. District: 1ST
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 10 / 19 / 2010
Amount of Each Disbursement this Period: 39,000
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): HARRY INDEPENDENT
Mailing Address:
City: ADVERTISEMENT State: Zip Code:
Purpose of Disbursement: BEN FRASIER
Candidate Name:
Office Sought: [X] House [ ] Senate [ ] President
State: S.C. District: 1ST
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 10 / 19 / 2010
Amount of Each Disbursement this Period: 5,274.0
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): FOX COMMERCIAL MEDIA
Mailing Address: 1033-B WAPPOO RD.
City: CHARLESTON State: S.C. Zip Code: 29407
Purpose of Disbursement: ADVERTISEMENT
Candidate Name: BEN FRASIER
Office Sought: [X] House [ ] Senate [ ] President
State: S.C. District: 1ST
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 10 / 29 / 2010
Amount of Each Disbursement this Period: 1,000.0
☐ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 101,740.0

TOTAL This Period (last page this line number only) ▶ 307,254

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full): BEN FRASIER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): WCSC - TV
Mailing Address: 2126 CHARLIE HALL BOULEVARD
City: CHARLESTON State: S.C. Zip Code: 29414
Purpose of Disbursement: ADVERTISEMENT
Candidate Name: BEN FRASIER
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: S.C. District: 1ST
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 29 2010
Amount of Each Disbursement this Period: 14370.0
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): WCSC - TV
Mailing Address: 2126 CHARLIE HALL BOULEVARD
City: CHARLESTON State: S.C. Zip Code: 29414
Purpose of Disbursement: ADVERTISEMENT
Candidate Name: BEN FRASIER
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: S.C. District: 1st
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 29 2010
Amount of Each Disbursement this Period: 1600.0
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): BEN FRASIER
Mailing Address: 6445 ARMAN ROAD
City: KIAWAHLAW ISLAND State: S.C. Zip Code: 29487
Purpose of Disbursement: GAS
Candidate Name: BEN FRASIER
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: S.C. District: 1ST
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 29 2010
Amount of Each Disbursement this Period: 1000.0
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 16970.0

TOTAL This Period (last page this line number only) ▶ 47654

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BEN FRASIER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial): BEN FRASIER

Mailing Address: 6445 ARMAN ROAD

City: WADMALAW ISLAND State: S.C. Zip Code: 29487

Purpose of Disbursement: GAS

Candidate Name: BEN FRASIER

Category/Type

Office Sought: [X] House [ ] Senate [ ] President

State: S.C. District: 1ST

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 11/01/2010

Amount of Each Disbursement this Period: 15,000

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 15,000

TOTAL This Period (last page this line number only) ▶ 49,954

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full): BEN FRASIER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): BEN FRASIER / JOCELYN HAYAG
Mailing Address: 6445 ARMAN ROAD
City: WADMALAW ISLAND State: S.C. Zip Code: 29487
Purpose of Disbursement: LOAN FOR BEN FRASIER FOR CONGRESS
Candidate Name: BEN FRASIER
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: S.C. District: 1ST
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 11 / 12 / 2010
Amount of Each Disbursement this Period: 50000
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): BEN FRASIER / JOCELYN HAYAG
Mailing Address: 6445 ARMAN ROAD
City: WADMALAW ISLAND State: S.C. Zip Code: 29487
Purpose of Disbursement: LOAN FOR BEN FRASIER FOR CONGRESS
Candidate Name: BEN FRASIER
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: S.C. District: 1ST
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 11 / 15 / 2010
Amount of Each Disbursement this Period: 20000
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM / DD / YYYY
Amount of Each Disbursement this Period:
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 70000

TOTAL This Period (last page this line number only) ▶

10305619097

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full): BEN FRASIER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial): BEN FRASIER

Mailing Address: 6445 ARMAN ROAD

City: WADMALAW ISLAND State: S.C. Zip Code: 29487

Purpose of Disbursement: LOAN PAYMENT

Candidate Name: BEN FRASIER

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: S.C. District: 1ST

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 10 / 20 / 2010

Amount of Each Disbursement this Period: 1,400.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial): BEN FRASIER

Mailing Address: 6445 ARMAN ROAD

City: WADMALAW ISLAND State: S.C. Zip Code: 29487

Purpose of Disbursement: LOAN

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 11 / 24 / 2010

Amount of Each Disbursement this Period: 400.00

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1,400.00

TOTAL This Period (last page this line number only) ▶

11030561098

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): Fed Ex	Shipping Date 1/31/11
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
Jm V	2/1/11
PREPARER	DATE PREPARED

(3/2005)

11030561099