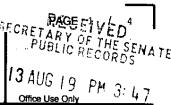
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STATEMENT OF



FORM 1	ORGANIZ	ZATION	Office Use Only PM 3: 47
1. NAME OF COMMITTEE (in full)	Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Jay Stamper for Se	nate Committee		
ADDRESS (number and st	reet) 10120 Two Notch Rd.		
	Ste 2, Box 409		
(Check if address is changed)		C 29223 ATE ZIP CODE	
COMMITTEE'S E-MAIL AD	DDRESS (Please provide only one e-mail add	dress)	
(Check if address is changed)	campaign@jaystamper.com		
COMMITTEE'S WEB PAG	BE ADDRESS (URL)	The state of the s	remains the second of the seco
(Check if address is	A Manuscriptor of Control of Cont	ERECT AND A PROPERTY.	
Changed)	Same of the same o	gang gan gali an ang an	,
2. DATE	8-12-2013	· •	
3. FEC IDENTIFICATION	NUMBER C C00543033		
4. IS THIS STATEMENT	□NEW (N) . OR ☑AM	ENDED (A)	
certify that I have examine	ed this Statement and to the best of my know	rledge and belief it is true, correct a	nd complete.
Type or Print Name of Trea	Surer Gary D. Glouner, Jr.		
Signature of Treasurer	Com Thom	Date Date	3-12-20
NOTE: Submission of fals	e, erroneous, or incomplete information may subject th ANY CHANGE IN INFORMATION SHOULD BE	e person signing this Statement to the pena REPORTED WITHIN 10 DAYS.	ities of 2 U.S.C 437g.
Office Use Only	Federal El	information contact: ection Commission 00-424-9530 694-1100	FEC FORM 1 (Revised 02/2009)

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FEC Form 1	(Revised 02/2009)		Page 3			
Vrite or Type Con	nmittee Name	,				
ay Stamper f	For Senate Committee		•			
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE						
Mailing Address	5					
	CITY	STATE	ZIP CODE			
Relationship:						
	d Organization Affiliated Committee	☐ Joint Fundraising Representation	ve Leadership PAC Sponso			
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books and reco	ary D. Glouner, Jr.	nber optional) and position of the perso	on in possession of committee			
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Full Name G. Mailing Address Title or Position	rds. ary D. Glouner, Jr. 10120 Two Notch Rd. Ste 2, Box 409 Columbia CITY	SC STATE	29223			
Full Name G Mailing Address Title or Position Treasurer Treasurer: List	rds. ary D. Glouner, Jr. 10120 Two Notch Rd. Ste 2, Box 409 Columbia CITY	SC STATE Telephone Number	29223 ZIP CODE			
Full Name G. Mailing Address Title or Position Treasurer Treasurer: List designated age	ary D. Glouner, Jr. 10120 Two Notch Rd. Ste 2, Box 409 Columbia CITY the name, address (phone number optional)	SC STATE Telephone Number	29223 ZIP CODE			
Full Name G. Mailing Address Title or Position Treasurer Treasurer: List designated age	ary D. Glouner, Jr. 10120 Two Notch Rd. Ste 2, Box 409 Columbia CITY the name, address (phone number optional) ant (e.g., assistant treasurer). ary D. Glouner, Jr.	SC STATE Telephone Number	29223 ZIP CODE			
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5 .	TYPE OF COMM	NITTEE						
	Candidate Committee:							
	(a) This cor	mmittee is a principal campaigr	n committee. (Com	plete the candi	idate information b	elow.)		
	(b) This cor	mmittee is an authorized committee to an authorized committee is an authorized committee.)	ittee, and is NOT	a principal cam	paign committee.	(Complete th	ne candidate	
	Name of Candidate	Jay Stamper						
	Candidate Party Affiliation	DEM Office Sough		✓ Senate	President	State District	SC	
	(c) This co	ommittee supports/opposes onl	y one candidate, a	and is NOT an a	authorized commit	tee.		
	Name of Candidate							
	Party Committee	e:						
		mittee is a	(National, Stat	te or committee of the	e	(Democ	ratic, can, etc.) Party.	
•	Political Action	Committee (PAC):						
	(e) This com	mittee is a separate segregate	d fund. (Identify co	nnected organi	ization on line 6.) I	ts connected	organization is a	ıt
	_	Corporation	_	w/o Capital Sto		or Organizat		
		Membership Organization	Trade Assoc	iation	□Coc	operative		
		In addition, this committee is	a Lobbyist/Registr	ant PAC.				
	(f) This composition	mittee supports/opposes more e. (i.e. nonconnected committe	than one Federal (e)	candidate, and	is NOT a separate	esegregated	fund or party	
		n addition, this committee is a l	Lobbyist/Registran	t PAC.				
	[] I	n addition, this committee is a l	Leadership PAC. I	dentify sponsor	on line 6.)			
	Joint Fundraisin	g Representative:						
1	(g) This comcommittee	nmittee collects contributions, pees/organizations, at least one	ays fundraising ex of which is an auth	penses and dis porized commit	sburses net procee	eds for two or ndidate.	more political	
•	(h) This com	nmittee collects contributions, p ees/organizations, none of whic	ays fundraising ex h is an authorized	penses and dis	sburses net procee	eds for two or	more political	
		es Participating in Joint Fundrai				•		
	1				FEC ID Numbe	er C		
	2.			-	FEC ID Numbe	er C		
	3.				FEC ID Numbe	er C		
	4.		_		FEC ID Numbe	гС		

Washington D.C. 20024 AY STAMPER P.O. Box 70980

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Jublic Records

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Paid for by Jay Stamper for Senate.

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NANCY ERICKSON SECRETARY

ÇÇ M 302 United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 2051D-7116 PHONE: (202) 224-0322

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PREPARER



