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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

SOUTH CAROLINA LIBERTARIAN PARTY

ADDRESS (number and street) PO BOX 0080

(Check if address is changed)

MYRTLE BEACH SC 29572-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

CHAIRMAN@SCLIBERTARIANS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SCLIBERTARIANS.ORG

COMMITTEE'S FAX NUMBER

843-650-5809

2. DATE 10 07 2004

3. FEC IDENTIFICATION NUMBER ▶ C00400945

4. IS THIS STATEMENT NEW (N) OR X 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.

Type or Print Name of Treasurer LEE OTT

Signature of Treasurer Lee Ott Date 10 07 2004

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

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE3AN042.PDF

5. TYPE OF COMMITTEE (Check One)

(a) 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

Candidate Party Affiliation | Office Sought | House | Senate | President | State | District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) X This committee is a STA (National, State or subordinate) committee of the LIB (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: CHRIS PANOS

Mailing Address: PO BOX 7787

MYRTLE BEACH SC 29572-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CHAIRMAN

Telephone number: 843-267-0045

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer)

Full Name of Treasurer: LEE OTT

Mailing Address: 875 KNOLLWOOD DR

GREENVILLE SC 29607-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER

Telephone number: 864-213-9255

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number:

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds securities, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address 9122 TWO NOTCH RD

COLUMBIA SC 29223-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

PAYPAL.COM

Mailing Address PO BOX 9022

MOUNTAIN VIEW CA 94088-

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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JMD PREPARER	10-13-2004 DATE PREPARED

(5/2004)