FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	•	Office use only
NAME OF COMMITTEE (in f	(Check if name Exampull) is changed) over the	ole: If typying, type le lines 12FE	1 1 1 1
Advance Amer	ica Cash Advance Centers Inc Political A	ction Committee	
1			
ADDRESS (number and s	135 N. Church Street		
(Check if address is changed)	Spartanburg	sc	
001414	CITY ▲	STATE	▲ ZIP CODE ▲
COMMITTEE'S E-MAII dpainter@kelle			I
	<u> </u>		<u></u>
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 2023428451	UMBER		
2. DATE 0 8	/ D D / Y Y Y Y Y Y Y		
3. FEC IDENTIFICATION	TION NUMBER C C004	29001	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and	belief it is true, correct and complet	re
Type or Print Name of	Treasurer Mr. Dustin J Painter		
Signature of Treasurer	Electronically Filed by Mr. Dustin J Painte	er Date	10 / DD / Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the		•
	ANY CHANGE IN INFORMATION SHOU		OYAU UI
Office Use Only		for further information contact: ederal Election Commission foll Free 800-424-9530	FEC FORM 1 (Revised 02/2003)

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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				
		emocratic, publican,etc.) Party.			
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party			
ô.	Name of Any Connected Organization or Affiliated Committee				
L	Advance America Cash Advance Centers, Inc.				
L					
	Mailing Address 135 North Church Street				
	Spartanburg Spartanburg SC SC 29	306			
	CITY ≜ STATE ≜	ZIP CODE 🛦			
	Relationship Connected				
Type of Connected Organization:					
	X Corporation Corporation w/o Capital Stock Labor Organization	on			
	Membership Organization Trade Association Cooperative				

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V	Vrite or Type Committe						
			Advance Centers Inc Political Act				
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	Mr. W. T	homas Newell				
	Mailing Address	-	135 North Church Str	eet			
		-	Spartanburg		<u>c</u>	29306 _	
	Title or Position ♥		CITY A	STA	TE▲	ZIP COD	DE A
	As	ssistant Ti	easurer	Telephone number	864		5074
name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 3050 K Street, NW							
		-	Suite 400				
		-	Washington	D	<u>c</u> _	20007 _	
	Title or Position ♥		CITY A	STA	TE▲	ZIP COE	DE 🛦
	Tro	easurer		Telephone number	202	342	8875
	Full Name of Designated Agent	Mr. W. T	homas Newell				
	Mailing Address		135 North Church Str	eet			
		-	Spartanburg	s	<u> </u>	29306 _	
	Title or Position ♥		CITY A	STA	TE 🛦	ZIP COD	E 🛦

864

Telephone number

342

5074

Assistant Treasurer

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. Name of Bank, Depository, etc.			
	Mailing Address	Bank of America PO Box 1091		
		Charlotte NC 2	28254] _ [

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷