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Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Nancy Mace ing the increase of increase the contract of the contract the contract of the 295 Seven Farms Drive ADDRESS (number and street) مرائدها والتالك أمالك Suite C-186 (Check if address is changed) Charleston COMMITTEE'S E-MAIL ADDRESS DBacker@DBCapitolStrategies.com (Check if address is changed) Exclusive the commence of the same of the Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) .http://www.NancyMace.org (Check if address is changed) and a control of the 2013 2. DATE C FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR 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. Dan Backer Type or Print Name of Treasurer Signature of Treasurer Date 03 2013 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. Office For further information contact: **FEC FORM 1** Federal Flection Commission Use Toll Free 800-424-9530 (Revised 06/2012)

Local 202-694-1100

FEC For	n 1 (Revised 02/2009)					Page 2	
TYPE OF CO							
	Committee:						
(a) X	This committee is a principal	campaign committ	ee. (Complete	the candidate info	rmation below.)		
(L)	This committee is an authoriz	red committee and	lis NOTa prir	ncinal campaign co	mmittee. (Comr	olete the candida	ıte
(b)	information below.)	.ou committee, and	, 10 1101 a pr	pg	,		
Name of Candidate	Nancy Mace		1 3 1 1 1		: 1 1 <u>1 L</u>		لبب
Candidate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>				_	sc
Candidate Party Affiliatio	DED	fice ought: H	ouse X	Senate	President	State	
rany Annauo	ii 30	ogni. I	0000	Bornard		District	
(c)	This committee supports/oppo	oses only one can	didate, and is i	NOT an authorized	I committee.		
Name of	THO COMMISSION SUPPORTED SEPTEMBLE		•				
Candidate							
Party Com	mittee:						
-		•	ial, State ordinate) comm	sittee of the		(Democratic, Republican, etc.)	Party.
(d)	This committee is a		- ·	·			
Political A	ction Committee (PAC):						
(e)	This committee is a separate	segregated fund.	(Identify conne	cted organization o	n line 6.) Its con	nected organizati	ion is a:
	Corporation		Corporation	w/o Capital Stock	<	Labor Organiza	ation
	Membership Organiz	ration	Trade Asso	ociation		Cooperative	
	-					000ps.2	
		is committee is a Lo					
(f)	This committee supports/opp committee. (i.e., nonconnected		ne Federal can	didate, and is NO	Γ a separate se	gregated fund or	r party
	•		Pagietrant BAC				
	In addition, this comm						
	In addition, this comm	ittee is a Leadershi	p PAC. (Identif	y sponsor on line 6.	.)		
Joint Fund	raising Representative:						
	This committee collects contrit	butions have fundr	aisina eynense	s and disburses ne	t proceeds for tv	vo or more politic	al
(g)	committees/organizations, at I	least one of which i	s an authorized	committee of a fed	feral candidate.	, o o · · · · · · · · · · · · · · · · ·	-
(h)	This committee collects contrib committees/organizations, nor	butions, pays fundr	aising expenses	s and disburses net	t proceeds for tw	o or more politica	al
	committees/organizations, nor	ie oi wilich is an ac	MIONZ e a Comm	Mide of a federal ca	piqiqate.		
Com	mittees Participating in Joir	nt Fundraiser					
1.				FEC ID num	ber C		
				FEC ID num	her C		
2.				TEO ID IIGIII	Dei C		
3.				FEC ID num	iber C		
_	1 - 1 1 (1 1 1 1 1	1 1 1 1 1		FEC ID num	ber C		
4.					U		

Title or Position Treasurer

FEC Form	1 (Revised)2/2009)			<u>-</u>	Page 3
Write or Type Committee Name						
Friends	of Nano	y Mace				
6. Name of Any	Connected (rganization, Affilia	ated Committee,	Joint Fundraisin	g Representative, o	or Leadership PAC Sponsor
NONE						
Mailing Addres	S					
ű						
						1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<u> </u>	CITY		STATE	ZIP CODE
Relationship:	Connected	d Organization	Affiliated Committ	ee Joint Fund	traising Representati	ive Leadership PAC Sponsor
7. Custodian of books and reco			ess (phone numb	er optional) and	d position of the pe	rson in possession of committee
Mailing Addres	S	Suite 300	<u> </u>			
		Alexandria	1		L L'A	22314
Title or Position	1		CITY		STATE	ZIP CODE
Treasurer	<u>! </u>			Telepho	ne number	02 210 5431
Treasurer: List any designated	the name an agent (e.g.,	d address (phone r assistant treasurer).	number optiona	l) of the treasurer	of the committee;	and the name and address of
Full Name of Treasurer	Dan Backe	er 	<u> </u>			11111111
Mailing Address	5	717 King Street	<u></u>			
-		Suite 300	<u> </u>	1 1 1 1 1		<u> </u>
		Alexandria	1 1 1 1 1 1		L VA J	22314
			CITY		STATE	ZIP CODE

Telephone number

FEC Form 1 (Revised	d 02/2009)		Page 4
Full Name of Designated Nancy Mar Agent I I			
Mailing Address	Suite C-186 Charleston CiTY	STATE	29492 ZIP CODE
Title or Position Candidate	Telepho	one number 873	1-633-1922
Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository,		committee deposits fund	ds, holds accounts, rents
South	Carolina Federal Credit Union P. O. Box 190012	1.	<u> </u>
Mailing Address			
	North Charleston	sc i	29419
Name of Bank, Depository,	CITY etc.	STATE	ZIP CODE
Access	s National Bank	<u> </u>	
Mailing Address	14006 Lee Jackson Memorial Hwy	<u> </u>	
	Chantilly	L VA	20151
	CITY	STATE	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revise	d 06/2011)			Page 5	
Banks or Other Depositori safety deposit boxes or mair Name of Bank, Depository, (ntains funds.	in which the committee dep		ds accounts, rents	
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Mailing Address					لــ
					Ц
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	CITY 🗖	STA	ATE.	ZIP CODE 🛕	
Name of Any Connected C	organization, Affiliated Committee, Join	t Fundraising Representa	tive, or Leader	[ADDITIONA ship PAC Sponsor	AL]
	<u> </u>				
<u> </u>	<u> </u>				
Mailing Address			للللللل		
		11111111		111111	_1_
		ا ليتتنا	با لب	ىيا-لىي	
	CITY.	S'	TATE 🏝	ZIP CODE	
elationship: Connected Organization	Affiliated Committee Jo	int Fundraising Representat	ive Leade	ership PAC Sponsor	
Designated Agent				[ADDITIONAL]]
	Contestable				
Mailing Address	717 King Street				
	Sutie 300		<u> </u>		
	Alexandria		VA 22	2314	
Title or Position ♥	CITY #	:	STATE	ZIP CODE	
Asst. Treasurer		Telephone numl	per		31
Joint Fundraiser Participa	ent	······································		[ADDITIONAL]	
	<u></u>	FEC ID nur	nber C		





INSPECTION

United States Senatoring laberhere.

SNA

Post Office

ORIGIN ID: CHSA (843) 278-0800 QMIK PACK & SHIP 295 SEVEN FARMS DRIVE

DANIEL ISLANDS, SC 29492 UNITED STATES US

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WASHINGTON DC 20510

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NANCY ERICKSON SECRETARY

United States Senate

MART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

DANA K MCCALLUM SUPERINTENDENT

OFFICE OF THE SECRETARY

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