September 6,2012

To whom it may concern,

Please note the enclosed document for filing.

Sincerely,

Larry Moskowitz

FEC FORM 1	STATEMENT ORGANIZATI		RECE 2012 SEP 20 FEOMONUM	AM 9:24
1. NAME OF COMMITTEE (in full)		ample:If typing, type ir the lines.	12FE4M5	
South Carolina State	Committee of the Working	Families Party		<u>i </u>
ADDRESS (number and street)	312 Granby Crossing			
is changed)			SC 29033	4324
	CITY		STATE ZIP	CODE
COMMITTEE'S E-MAIL ADDRE (Check if address is changed)	SS (Please provide only one e-mail a ICmwf2@aol.com	ddress)		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL) www.scwfp.org			<u></u>
2. DATE 09 (01	· 2012 · · · · · · · · · · · · · · · · · · ·			
3. FEC IDENTIFICATION N		ร้องของสร้างสระสร้างการสร้าง การการการการสร้าง สร้างสรรษณีสรรมสร้างการสร้างการการการการสร้าง สร้างสรรษณีสร้างการการการการการการการสร้างการสร้างการสร้างการสร้าง		
4. IS THIS STATEMENT		AMENDED (A)		
I certify that I have examined t Type or Print Name of Treasure Signature of Treasurer	his Statement and to the best of my Larry Moskowitz	knowledge and belief it	is true, correct and complete	2012
			. KINALINI KALIMA MAMANA MAMANA MAMANA MA	ี่ว่าเสาะหมิดสามสมัย คง ปริเภทานดี
NOTE: Submission of false, error	eous, or incomplete information may su ANY CHANGE IN INFORMATION SH			of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		ORM 1 02/2009)

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5.	TYPE	OF CO	DMMITTEE
	Cano	didate	Committee:
	(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 Candi		
	Candi Party	date Affiliatio	on Construction Sought: House Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	v Com	mittee:
	(d)		This committee is a STA (National, State or subordinate) committee of the WFP (Democratic, Republican, etc.) Party.
	Polit	ical Ad	ction Committee (PAC):
			This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	(0)		Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperativo
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidato.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		_	
		Com	mittees Participating in Jaint Fundraiser
		1.	
		2.	
		3.	
		4.	

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

South Carolina State Committee of the Working Families Party

6.		Nar	ne	of	Ar	ıy '	Co	nne	ect	ted	1 0)rg	ani	zai	loi	n,	Af	filia	ate	d	Co	mn	nitl	tee	, Je	oin	t F	un	dra	aisi	ing	Re	pr	ese	enta	ativ	' e , (or I	Lea	ade	ers	hip) P	AC	; SI	pon	150	r	
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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	loskowitz 2 Nevins Street, 3rd Floor		
Mailing Address			
	Brooklyn		11217 1010
Title or Position	CITY	STATE	ZIP CODE
	Tele	phone number	7 [488 [2515

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 Larry N	Moskowitz
	2 Nevins Street, 3rd Floor
Mailing Address	
	Brooklyn NY 11217 1010
	CITY STATE ZIP CODE
Title or Position Treasurer	

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FEC Form 1 (Revised 02/2009)

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Full Name of Designated Agent	
-	1106 Short River Ct.
Mailing Address	
	Mt. Pleasant
	CITY STATE ZIP CODE
Title or Position	Telephone number

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

Name of Bank, Depository, etc.

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Name of Bank, De	pository, e	tc.																		-														
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Federal Election Commis ENVELOPE REPLACEMENT PAGE FOR IN The FEC added this page to the end of this filing to	COMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 9/c/1C
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signatu	re Confirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next	t Business Day Delivery
Received from House Records & Registration Of	Date of Receipt fice
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
C Other (Specify):	Date of Receipt or Postmarked
Your	9/20/12
PREPARER	DATE PREPARED