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FEC FORM

STATEMENT OF ORGANIZATION

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			•	Edition Of HIER
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	rekla georgisteng San Disersition (S
Jonathan Hoffr	man for Congress		<u>.i.l.l.i.l.l</u>	
	11111111			
ADDRESS (number and street	PO Box 12110)		
(Check if address is changed)	Charleston		SC	29422
	C	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADD	RESS (Please provide only one e-r	mail address)		
(Check if address	nrennaker@g	oberhilgers cor	η	
is changed)		11111111		
COMMITTEE'S WEB PAGE	ADDRESS (URL)			
(Check if address				
is changed)				
2. DATE 01 '	22" ′ 2013 ′			
3. FEC IDENTIFICATION	NUMBER C	rangan ganaya ng noganag sang nalam Kanada silongbandhan k		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examine	d this Statement and to the best	of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treas	urer Nancy Renna	ker (assistant	treasurer)
Signature of Treasurer	Mary Per	rabei	Date 01	′ 22 ° ′ 2013
NOTE: Submission of false, er	roneous, or incomplete information in			the penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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Style Committee Committee Committee Complete the candidate information below.		F	EC Fo	rm 1 (Revised 02/2009)	Page 2			
This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Party Affiliation REP Office Sought: House Senate President District O1 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a consmittee or subordinate) committee of the Republican, otc.) Party. Political Action Committee (PAC): (e) This committee is a separate segregated fund. (identify connected organization on line 6.) Its connected organization is at Corporation Corporation Corporation Corporation No Capital Stock Labor Organization Membership Organization 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 Leadership PAC. (identify sponsor on line 6.) Joint Fundraising Representative: (g) 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. Committees Participating in Joint Fundraiser 1. FEC ID number C:	5.	TYPE	OF C	OMMITTEE				
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Party Affiliation REP	Cendidate Committee:							
Information below.) Name of Candidate Party Affiliation REP		(a)	\boxtimes	This committee is a principal campaign committee. (Complete the candidate information below.)				
Candidate Candidate		(b)						
Party Committee: (c)			-	Jonathan Hoffman				
Name of Candidate Party Committee: (d)		-		on REP Office Sought: House Senate President	01			
Party Committee: (d) This committee is a consumitate of the Republican, etc.) Party. Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: Corporation		(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
(d) This committee is a								
(d)		Part	у Соп	nmittee:				
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FEC Form 1 (Revised	02/2009)	Page 3	
Write or Type Committee Nam		- 495 -	
	nan for Congress		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lorohin DAC Sanasar	
o. Name of Any Connected	organization, Anniated Committee, John Fundralsing Representative, of Lead	icianih LWC abouzot	
		<u> </u>	
Mailing Address			
	CITY STATE	ZIP CODE	
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor	
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person in	possession of committee	
Full Name Nanc	y Rennaker	<u> </u>	
Mailing Address	PO Box 91061	<u> </u>	
	Austin TX 78	709 1061 _	
Title or Position	CITY STATE	ZIP CODE	
Assistant Treasu	rer Telephone number 512	[348_]_[6680 ,]	
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of	
Full Name of Treasurer Matth	new G Watson	<u> </u>	
Mailing Address 1907 Mount Vernon Drive			
	Charleston SC 29	412 9227	
Title or Position	CITY STATE	ZIP CODE	
CPA	Telephone number 843	513 [9596 ,]	
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	Full Name of Designated Agent	Nancy	Rennaker		
	Mailing Address	!	PO Box 91061		
			Austin	STATE	78709 - 1061 ZIP CODE
	Title or Position Assistant T	reasurer	Telephone nun	nber [51	2_ - 348_ - 6680_
9.	Banks or Other safety deposit bo Name of Bank, I	xes or maint		ee deposits	funds, holds accounts, rents
		South (Carolina Bank and Trust		
	Mailing Address		200 E. Broad St Ste 100	<u> </u>	
			<u> </u>		
			Greenville, , , , , , , , , , , , , , , , , , ,	sç	29601
			CITY	STATE	ZIP CODE
	Name of Bank, I	Depository, et	с.		
	Mailing Address		<u> </u>		
				لـــا	السلاما-
			CITY	STATE	ZIP CODE

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS** Express Mail Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):