PAGE 1/7 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. SOUTH CAROLINA REPUBLICAN PARTY 1913 Marion St. ADDRESS (number and street) (Check if address is changed) Columbia 29201 SC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sharon@scgop.com (Check if address is changed) Optional Second E-Mail Address llisker@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.scgop.com (Check if address is changed) DATE 2020 C00034033 FEC IDENTIFICATION NUMBER > 3. X 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. Thomson, Sharon, , , Type or Print Name of Treasurer Thomson, Sharon, , , [Electronically Filed] 07 19 2020 Signature of Treasurer Date 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 Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (Cominformation below.)	plete the candidate
Name Cand	e of didate		
	didate / Affiliation	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee: (National, State	(Democratic,
(d)	×	L CTA L ' ' L DED L	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number C	
	4.	FEC ID number C	

FEC Form 1 (Rev	vised 02/2009)		Page 3
Write or Type Committee	Name		
SOUTH CAF	ROLINA REPUBLICAN PARTY		
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Repr	esentative, o	r Leadership PAC Sponsor
TEAM DUNCAN			
	228 S. WASHINGTON ST.		
Mailing Address	STE. 115		
	ALEXANDRIA	VA	22314
	CITY	STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee X Joint Fundraising	Representativ	ve Leadership PAC Sponsor
. Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position	on of the per	son in possession of committee
	mson, Sharon, , ,		1
Full Name	,PO Box 12373		
Mailing Address			
			00044
	Columbia	SC	29211
Title or Position	CITY	STATE	ZIP CODE
Treasurer		nber 80	3 - 988 - 8440
	me and address (phone number optional) of the treasurer of the (e.g., assistant treasurer).	committee; a	nd the name and address of
Full Name Thon of Treasurer	mson, Sharon, , ,		
Mailing Address	PO Box 12373		
	Columbia	SC	29211
Title or Position	CITY	STATE	ZIP CODE
Treasurer		ber 803	8440

1201011	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, hold	is accounts, rents
Name of Bank, I		
Name of Bank, I	Depository, etc. First National Bank of the South	
Name of Bank, I	Depository, etc. First National Bank of the South	
Name of Bank, I	First National Bank of the South	ZIP CODE
Name of Bank, I	First National Bank of the South 1350 Main St. Columbia CITY STATE	ZIP CODE
Name of Bank, I	First National Bank of the South 1350 Main St. Columbia CITY STATE	ZIP CODE
Name of Bank, I	Pirst National Bank of the South 1350 Main St. Columbia CITY STATE Depository, etc.	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	of Any Connected (Organization, Affiliat	ted Committee, Joint F	FEC ID nui		dership PAC Sponsor
		Organization, Affiliat	ted Committee, Joint F	undraising Represe	entative, or Lea	dership PAC Sponsor
M	ailing Address	PO Box 341027				
		Austin			TX 787	734
R	elationship:		CITY A	STA	ATE 🛦	ZIP CODE ▲
	Connected	Organization A	ffiliated Committee	Joint Fundraising Rep	presentative	Leadership PAC Spons
	Nameing Address	<u> </u>				
			CITY A	STAT	E A	ZIP CODE ▲
TIT	LE OR POSITION	▼				

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(g) or (h	h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
. Na	ame of Any Connected GRAHAM VICTOI	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
		1 2020		
	<u> </u>			
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	I Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponso
. De	esignated Agent: Identify	by name, address (phone number – optional)		
. De		by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
. De	Full Name	CITY A	STATE A	
. De	Full Name	CITY A		
— . Ва sa	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or mail	CITY A Tel	STATE A	ZIP CODE A
— . Ва sa	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or main arms of Bank, epository, etc.	CITY CITY Tel ries: List all banks or other depositories in which t intains funds. Bridge Bank	STATE A	ZIP CODE A
— . Ва sa	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or main arms of Bank, epository, etc.	CITY CITY Tel ries: List all banks or other depositories in which t intains funds. Bridge Bank	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi		FEC ID number	С
1.		FEC ID number	C
2.			C
3.		FEC ID number	
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spon
	OUTH CAROLINA		
l			
Mailing Address	PO BOX 2485		
	SPRINGFIELD	, , VA	22152
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC S
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A