Image# 13963183668				07/02/2013 14 : 37
	OTATELLE		1	PAGE 1 / 4
FEC	STATEMEN	_		
FORM 1	ORGANIZA	TION		
1. NAME OF	(Check if name	Example: If typing, type		Office Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
ADDRESS (number and street)	PO BOX 21949			
(Check if address				
is changed)	CHARLESTON		SC 29	9413
			STATE ▲	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	wwburns@earthlink.net			
le changed)	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE ADD	DRESS (URL) ,NONE			
(Check if address is changed)				
2. DATE 07 02				
3. FEC IDENTIFICATION NU		0542985		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
	is Otatomont and to the heat of	f my knowledge and belief it	ie two enwent on	d complete
I certify that I have examined th	is Statement and to the best c	in my knowledge and belief it	is true, conect an	
Type or Print Name of Treasurer	A VICTOR RAWL			
Signature of Treasurer	TOR RAWL	[Electronically Filed]	Date 07	/ D D / Y Y Y Y 02 2013
NOTE: Submission of false, errone	ous, or incomplete information m			e penalties of 2 U.S.C. §437g.
Office		For further information ca		FEC FORM 1
Use Only		Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on	(Revised 06/2012)

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FEC F	Form 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	
Candida	te 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 information below.)	the candidate
Name of Candidate		
Candidate Party Affilia	ation Sought: X House Senate President	State SC District 01
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(d)		nocratic, Iblican, etc.) Party
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a
	Corporation Corporation w/o Capital Stock	oor Organization
	Membership Organization Trade Association Co	operative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg- committee. (i.e., nonconnected committee)	ated 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.)	
Joint Fur	ndraising Representative:	
(g) X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Со	mmittees Participating in Joint Fundraiser	
1.	ELIZABETH COLBERT BUSCH FOR CONGRESS FEC ID number C C005412	43
2.	DEMOCRATIC PARTY OF SOUTH CAROLINA FEC ID number C C0000765	58
3.	FEC ID number	
4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

ELIZABETH COLBERT BUSCH VICTORY FUND

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N			
L			
	Mailing Address		
		CITY STATE Z	IP CODE
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committee
	A VICTOR	RAWL	
	Mailing Address	PO BOX 21949	
	Ū.		
		CHARLESTON SC 29413	
	Title or Position	CITY STATE Z	IP CODE
		Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name issistant treasurer).	e and address of
	Full Name A VICTOR of Treasurer	RAWL	
	Mailing Address	PO BOX 21949	

	SC	29413
CITY	STATE	ZIP CODE
Title or Position TREASURER	Telephone number	

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		I										
Mailing Address																												
																					L							
								CI	ΓY								ST/	λΤΕ					ZI	ΡC	DE			
Title or Position																												
												Tel	eph	ione	e ni	umt	ber											

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.

Wells F	argo		
Mailing Address	177 Meeting Street		
		SC	29401
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE