09/08/2003 12 : 05

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

South Carolina Republican Party

ADDRESS (number and street)

1508 Lady Street

(Check if address is changed)

Columbia | SC | 29201 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

beamer@scgop.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

803-988-8444

2. DATE M M / D D / Y Y Y Y 12 30 1999

3. **FEC IDENTIFICATION NUMBER** **C C00034033**

4. IS THIS STATEMENT X 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

Type or Print Name of Treasurer Glen OConnell

Signature of Treasurer Electronically Filed by Glen OConnell Date M M / D D / Y Y Y Y 09 08 2003

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 Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(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 of Candidate

Candidate Party Affiliation

Office Sought: House Senate President State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) X This committee is a STA (National, State (or subordinate) committee of the REP (Democratic, Republican,etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

South Carolina Republican Party

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: Glen OConnell

Mailing Address: 1508 Lady Street

Columbia — CITY ▲

SC — STATE ▲

29201 – ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 803 – 988 – 8440

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 of Treasurer: Glen OConnell

Mailing Address: 1508 Lady Street

Columbia — CITY ▲

SC — STATE ▲

29201 – ZIP CODE ▲

Title or Position ▼: Party Treasurer

Telephone number: 803 – 988 – 8440

Full Name of Designated Agent:

Mailing Address:

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.

Bank of America

Mailing Address 1301 Gervais Street

Columbia SC 29201 -

CITY △ STATE △ ZIP CODE △

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

National Bank of South Carolin

Mailing Address

1311 Pendelton Street

Columbia SC 29201 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE▲ ZIP CODE ▲

Telephone number _____ – _____ – _____

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. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

Telephone number _____ – _____ – _____