

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED PAGE 1/4 SECRETARY OF THE SENATE PUBLIC RECORDS

13 AUG 16 PM 12:16

Office Use Only

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

12FE4M5

Bright for U.S. Senate

ADDRESS (number and street)

PO Box 5988

(Check if address is changed)

Greenville

CITY

SC

STATE

29606

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

treasurer@brightforsenate.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

Brightforsenate.com

2. DATE

08 / 12 / 2013

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)



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 Christopher M Sullivan

Signature of Treasurer

Christopher M Sullivan

Date

08 / 12 / 2013

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 06/2012)

13020382804

5. TYPE OF COMMITTEE

Candidate 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 of Candidate Lee Bright

Candidate Party Affiliation REP Dem Ind Other

Office Sought: House Senate President

State AL AK AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49

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

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, 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 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 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 Fundraising 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 candidate.
- (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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

13020382805

Write or Type Committee Name

Bright for U.S. Senate

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Christopher M Sullivan

Mailing Address PO Box 5988

Greenville SC 29606

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

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 Christopher M Sullivan

Mailing Address PO Box 5988

Greenville SC 29606

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

13020382806

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.

TD Bank

Mailing Address

1701 Route 70

Cherry Hill

NJ

08034

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13020382807

INSPECTION

United States Senate

INSPECTION

United States Senate

Post Office

EXPRESS MAIL

POSTAGE REQUIRED

Schedule package pickup or office at usps.com/pickup

Print postage online

PLEASE PRESS FIRMLY



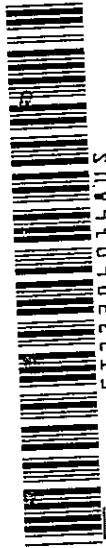
UNITED STATES POSTAL SERVICE

Flat Rate Envelope

Visit us at usps.com

EXTREMELY URGENT

Please Rush To Addressee



Place Me:

E1272060168US

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code: 29602

Day of Delivery: Next 2nd 3rd

Scheduled Date of Delivery: 8/13/13

Month: 8 Day: 13 Year: 13

Scheduled Time of Delivery: Noon 3 PM

Military: 2nd Day 3rd Day

Int'l Alpha Country Code: Int'l

Date Accepted: 8/13/13

Time Accepted: 11:50 AM

Flat Rate or Weight: 1.15 lbs.

Postage: \$18.15

Return Receipt Fee: \$

Insurance Fee: \$

COD Fee: \$

Total Postage & Fees: \$17.15

Acceptance Emp. Initials: [Signature]

FROM: (PLEASE PRINT)

6. BRIGGS
 TO BOX 3743
 GREENVILLE SC 29608

PHONE ()

FOR PICKUP OR TRACKING

Visit WWW.USPS.COM

Call 1-800-222-1811



EXPRESS MAIL

UNITED STATES POSTAL SERVICE

Address Copy Label 11-B, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
 customer requests waiver of signature. Signature of addressee or other person can be left in secure location and valid proof of delivery.

NO DELIVERY Holiday Mailer Signature

TO: (PLEASE PRINT)

SEN. BRIGGS
 232 HART OFFICE BLDG
 WASHINGTON, DC

PHONE ()

ZIP+4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES)

20510+

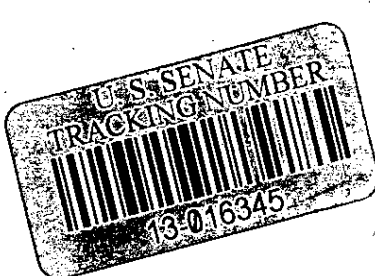
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.



U.S. POSTAGE
 PAID
 GREENVILLE, SC
 29602
 AUG 13, '13
 AMOUNT
\$19.95
 90090685-04



1007



PS1000100006

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HARY SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 8-13-13 _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE
FEDERAL EXPRESS	_____
UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

NEXT BUSINESS DAY DELIVERY

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

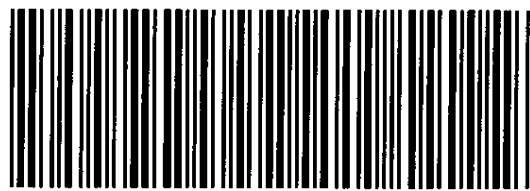
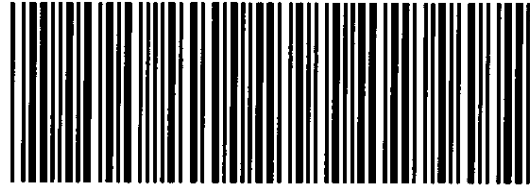
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 8-16-13

13020382809



13020382810