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**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

Palmetto Freedom PAC

ADDRESS (number and street)

433 Ivy Green Lane

(Check if address is changed)

Lexington

SC

29072

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dotterm@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

none

COMMITTEE'S FAX NUMBER

7038320063

2. DATE

08 02 2004

3. FEC IDENTIFICATION NUMBER

C

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

Margaret Clancy

Signature of Treasurer

Margaret Clancy

Date

08 02 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5457g

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 202-544-4100

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	Office	House	Senate	President	State
Party Affiliation	Sought:				District

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

Name of Candidate _____

(d) This committee is a _____ (National, State, or subordinate) committee of the _____ (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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Write or Type Committee Name

Palmetto Freedom PAC

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 **Dree Byars**

Mailing Address **433 Ivy Green Lane**

Lexington **SC** **29072**

Title or Position **Custodian** CITY STATE ZIP CODE

Telephone number **803 358 9377**

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 **Margee Clancy**

Mailing Address **704 Fitzhugh Way**

Alexandria **VA** **22314**

Title or Position **Treasurer** CITY STATE ZIP CODE

Telephone number **703 884 5028**

Full Name of Designated Agent **Sammy Dickson**

Mailing Address **PO Box 509**

Westminster **SC** **29693**

Title or Position **Assistant Treasurer** CITY STATE ZIP CODE

Telephone number **864 647 6929**

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.

First Community Bank

Mailing Address

5955 Sunset Blvd.

Lexington

SC

29072

CITY Δ

STATE Δ

ZIP CODE Δ

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.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JA PREPARER	8/11/04 DATE PREPARED