

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

LaPierre For House

ADDRESS (number and street) 1436 Highway 414

(Check if address is changed)

Travelers Rest SC 29690
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) mikelapi@gmail.com

Optional Second E-Mail Address mikelapi@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) https://www.lapierreforhouse.com/

2. DATE 06 / 02 / 2022

3. FEC IDENTIFICATION NUMBER C C00788562

4. 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.

Type or Print Name of Treasurer LAPIERRE, MICHAEL, JAMES, Mr.,

Signature of Treasurer LAPIERRE, MICHAEL, JAMES, Mr., [Electronically Filed] Date 06 / 02 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 LaPierre, Michael, James, Mr.,

Candidate Party Affiliation REP Office Sought: House Senate President State SC District 04

- (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.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) 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.
- (j) 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. _____

C _____

2. _____

C _____

Write or Type Committee Name

LaPierre For House

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

NONE

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

LAPIERRE, MICHAEL, JAMES, Mr.,

Full Name

[Empty grid lines for full name]

Mailing Address

6116 Enclave Paris Drive

[Empty grid lines for mailing address]

Greenville

SC

29609

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate

[Empty grid lines for title/position]

Telephone number

864

420

3290

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).

LAPIERRE, MICHAEL, JAMES, Mr.,

Full Name of Treasurer

[Empty grid lines for full name of treasurer]

Mailing Address

6116 Enclave Paris Drive

[Empty grid lines for mailing address]

Greenville

SC

29609

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate

[Empty grid lines for title/position]

Telephone number

864

420

3290

Full Name of Designated Agent Rowley, David, Dean, ,

Mailing Address 300 Rivanna Lane Greenville SC 29607 CITY STATE ZIP CODE

Title or Position Telephone number 864 735 7725

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 6091 Calhoun Memorial Hwy Easley SC 29640 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE