FEC FORM 1

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2006407

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STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

11 FOEBULL AM 11: 24

_				<u></u>	
1.	NAME OF COMMITTEE (in full)	(Check if name X is changed)	Example: If typying, type over the lines	12FE4M5	
L	Team DeMint	11111111111		<u> </u>	
Ц					
ADI	ORESS (number and street)	228 S. Washington St	i., Ste. 115		
	(Check if address		<u> </u>		<u> </u>
х	is changed)	Alexandria		LYA L	22314 -
	i		CITY	STATE	ZIP CODE 📥
co	MMITTEE'S E-MAIL ADDRES	SS (Please provide only one e	e-mail address)		
П	(Check if address is changed)	llisker@hdafec.com			
ш	is changed)			<u> </u>	
	1		,		
co	MMITTEE'S WEB PAGE ADI				
П	(Check if address	www.jimdemint.com			
ш	is changed)		<u> </u>		11111111
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	r t				
2.	DATE 0.2 / 0	7 Y Y Y Y Y Z 0,11,			
3.	FEC IDENTIFICATION NU	WBER [C C00384636		
4.	IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
_				·	
I ce	rtify that I have examined this Stat	lement and to the best of my know	rledge and belief it is true, correct an	d complete	
Tv	pe or Print Name of Treasurer	. Lisa Lisker			
' '	be of this remojer treasurer	RO	20		
Sig	gnature of Treasurer Electro	onically Filed by Lica Lisks	er	Date Date	07 301/
NO	TE: Submission of false, erroneou	s, or incomplete information may	subject the person signing this State	ment to the penalties of 2	. U.S.C. §437g.
	1	ANY CHANGE IN INFORMA	ATION SHOULD BE REPORTE	D WITHIN 10 DAYS	
_	Office Use		For further Information Federal Election Commi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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	FEC F	orm 1 (Revised 02/2009)	Page 2
5.	TYPE OF CO	MMITTEE (Check One)	
	Candidate C	ommittee:	
	(a) X	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. (Compinformation below.)	lete the candidate
	Name of Candidate	JAMES W DEMINT	
	Candidate Party Affiliati	on, REP Office X Senate President	State SC OO
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm		
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Act	ion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
	_	Corporation Corporation w/o Capital Stock	abor 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 segr committee. (i.e., nonconnected committee)	egated 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 Fundra	ising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	two or more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Com	mittees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2. FEC ID number	
		3. FEC ID number	
		4. FEC ID number C	

CITY A

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Team DeMint

Page 3

ZIP CODE A

7705

549

STATE

Telephone number

703

Title or Position ¥

Treasurer

CITY 4

STATE△

ZIP CODE A

FEC Form 1 (Revised 02/2009)

Full Name of

Page 4

Banks or Other Depositories safety deposit boxes or mainta		ttee deposits funds.	, holds accounts, rents
Name of Bank, Depository, etc			[ADDITIONAL]
BB&T	•		
		<u> </u>	
Mailing Address	1909 K St., NW	1.1.1.1.1.1.1.	
	Washington	DC	20006
	CITY A	STATE	ZIP CODE 🛕
Name of Any Connected Org	ganization, Affiliated Committee, Joint Fundraising Rep	presentative, or Le	[ADDITIONAL] adership PAC Sponsor
	1 1 1 1 1 1 1 1 1 1		
Mailing Address			
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-	CITY▲	STATE	ZIP CODE
Relationship: Connected Organization	Affiliated Committee Joint Fundraising Repr	resentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE 	ZIP CODE A
	Telephor	ne number	
Joint Fundraiser Participant	l .		[ADDITIONAL]
	FEC	C ID number C	

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Banks or Other D safety deposit box			tories in which the committe	ee deposits funds	holds accounts, rents
Name of Bank, De					[ADDITIONAL]
	Bank Me				1
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Mailing Address		130 Main Street			
	i	Suite 175			
	L			, SC,	29201
	l	Columbia			25201
		CITY 🗻		STATE	ZIP CODE A
Name of Any Cor	nnected Orga	anization, Affiliated Committee	, Joint Fundraising Repre	esentative, or Le	[ADDITIONAL] adership PAC Sponsor
Mailing Address			11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
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Relationship:		CITY▲	•	STATE	ZIP CODE
Connected Organi	ization	Affiliated Committee	Joint Fundraising Repres	sentative Le	adership PAC Sponsor
Designated Agen	nt .		.,		[ADDITIONAL]
	 . I				1
Full Name					
Mailing Address	S				
			<u> </u>		
Title or Position	\♥	CITY	A	STATE ▲	ZIP CODE &
			Telephone	number	
Joint Fundraiser	Participant				[ADDITIONAL]
1	• -			ID number C	
			FEC I	ID number C	

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Banks or Other Deposit safety deposit boxes or n		r	ADDITIONAL 1
Name of Bank, Depositor	ry, etc.	1.4	ADDITIONAL]
	ommunity South Bank & Trust		
Mailing Address	6602 Calhoun Memorial Hwy		
· •			
	Easley	SC L	29640
	CITY A	STATE ⊿	ZIP CODE A
Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraisi	ng Representative, or Leade	[ADDITIONAL]
<u> </u>		1 1 1 1 1 1 1 1	
Mailing Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Relationship:	CITY▲	STATE	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraisin	ng Representative Leade	ership PAC Sponsor
<u> </u>	Affiliated Committee Joint Fundraisin		[ADDITIONAL]
Connected Organization	Affiliated Committee Joint Fundraisin		
Connected Organization Designated Agent	Affiliated Committee Joint Fundraisir		
Connected Organization Designated Agent Full Name	Affiliated Committee Joint Fundraisin		
Connected Organization Designated Agent Full Name	Affiliated Committee Joint Fundraisin		
Connected Organization Designated Agent Full Name	Affiliated Committee Joint Fundraisin		
Connected Organization Designated Agent Full Name Mailing Address	CITY		[ADDITIONAL]
Designated Agent Full Name Mailing Address Title or Position	CITY A	STATE &	[ADDITIONAL]
Connected Organization Designated Agent Full Name Mailing Address	CITY A	STATE &	[ADDITIONAL]

Banks or Other Depositories: safety deposit boxes or maintai		ne committee deposits funds	s, holds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
	mmunity Bank of Lexington		
, LLLi_LL	5455 Sunset Blvd.		<u> </u>
,	Lexington	sc	29072
	CITY 🗖	STATE_	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Joint Fundrai	sing Representative, or Le	[ADDITIONAL] addership PAC Sponsor
<u> </u>	<u> </u>		<u> </u>
i Matter Address	 		
Mailing Address	1		
i I			
I I			
Relationship:	CITY▲	STATE▲	ZIP CODE ▲
Connected Organization	Affiliated Committee Joint Fundrais	sing Representative L	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name ' L L L	<u> </u>		<u> </u>
Mailing Address			
Mailing Address			
, I			
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
1		Telephone number	
		TOTOPHONE NAME OF THE PROPERTY	[ADDITIONAL]
Joint Fundraiser Participant		_	_
1		FEC ID number C	

Banks or Other Depositories safety deposit boxes or maint		mittee deposits funds, I	nolds accounts, rents
Name of Bank, Depository, et			ADDITIONAL]
	County State Bank		1
Mailing Address	1627-A Church St.	1 1 1 1 1 1	
	Conway	J SC	29526
	CITY 🗻	STATE	ZIP CODE 🛕
Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Re	epresentative, or Lead	[ADDITIONAL] dership PAC Sponsor
		1 1 1 1 1 1	
Mailing Address			
		1, 1 1 1 1 1	
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Relationship:	CITY▲	STATE	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Re	presentative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
•			
			_
Title or Position ♥	CITY A	STATE ∆	ZIP CODE A
	Teleph	one number	
Joint Fundraiser Participan	ıt		[ADDITIONAL]
1		EC ID number C	



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United States Senate

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