Image# 202303159579058122			_	PAGE 1 / 5
FEC FORM 1	STATEMEI ORGANIZ	_		
			Offic	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Security Finance C	Corporation of Spart	anburg and Affiliate	es Political Ac	ction Committee
ADDRESS (number and street)	PO Box 811			
(Check if address				· · · · · · · · · · · · · · · · · · ·
is changed)	Spartanburg		SC 2930)4
			STATE ▲	
COMMITTEE'S E-MAIL ADDF	FSS			
(Check if address is changed)	SFCS_PAC@myfecno	otices.com		
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
	07 ⁷ Y Y Y Y 2023			
3. FEC IDENTIFICATION I	NUMBER ► C C	00387753		
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 in	t is true, correct and	complete.
Type or Print Name of Treasu	rer Norwood, Jonathan W., , ,			
Signature of Treasurer	wood, Jonathan W., , ,	[Electronically Filed]	Date 03	07 07 07
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signing TION SHOULD BE REPORTED		enalties of 52 U.S.C. §30109
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		Revised 06/2012)

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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 information below.)	candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (Democratic, Republican, or subordinate) committee of the	etc.) Party
Political Action Committee (PAC): (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:
Corporation Corporation w/o Capital Stock	ganization
Membership Organization Trade Association Cooperation	ive
X 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 committee. (i.e., nonconnected committee)	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.)	
(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	C).
In addition, this committee is a Lobbyist/Registrant PAC.	- /
Joint Fundraising Representative:	

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.
(j) Committees Committees 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
2.

	FEC Form 1 (Revised	02/200	9)																									Pa	ge :	3		
۷	Vrite or Type Committee Nam	ne																														
	Security Finance	Corp	orat	ion	of	S	ра	rta	Int	วน	rg	а	nc	A k	١ff	ilia	ate	es	P	oli	itic	a	Α	١Ct	io	n	С	วท	۱m	iitt	ee	¢
6.	Name of Any Connected	Organiz	zation,	Affi	liate	ed C	com	mit	tee	, Jo	oin	t Fu	unc	drai	isir	ng I	Rep	ore	sen	tat	ive	, o	r L	eac	der	shi	рF	AC	Sp	on	sol	r
	Security Finance C	orpora	ation	of	Spa	arta	ank	our	g																							
	Mailing Address	P.O.	. Box 8	11 																												

l			
l	Spartanburg		
	CITY 🔺	STAT	ZIP CODE ▲
Relationship: X Connected O	rganization Affiliated Organization	n Joint Fundraising Repr	esentative 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.

Hill, Cresta	, , ,			
Full Name				
Mailing Address	100 Centennial St, #2186			
	La Plata		MD 20646	
	CITY 🔺		STATE 🔺	ZIP CODE
Title or Position ▼				
Custodian of Records		Telephone nu	mber <u>301</u> -	645 0215

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	Norwood, Jonathan W., , ,														
of Treasurer															
Mailing Address	PO Box 811														
	Spartanburg SC 29304 Image:														
	CITY ▲ STATE ▲ ZIP CODE ▲														
Title or Position															
Treasurer 864 237 6225 Telephone number															

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Full Name of Designated Agent													ĺ							ĺ						1	
Mailing Address																											
																								L			
									Cľ	ΤY						:	ST/	ΛTE			ZI	РC		ЭЕ			
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.

1q			
Mailing Address	101 West Washington Street		
	11-Y013-02-1		
	Indianapolis	IN 46255	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depo	psitory, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This amendment is being filed to change to a Lobbyist/Registrant PAC, in addition to updating the Custodian of Records' mailing address and phone number, and banking info.

Form/Schedule: Transaction ID: