

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

04 APR 27 AM 11:47

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

SENATELEY FOR SENATE INC

ADDRESS (number and street)

72 PUBLIC SQUARE



(Check if address is changed)

DRAWINGTON SC 29533

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

Senateley For Senate.com

COMMITTEE'S FAX NUMBER

2. DATE

03 31 2004

3. FEC IDENTIFICATION NUMBER

C00395103

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

R W DeMaurice III

Signature of Treasurer

R W DeMaurice III

Date

03 31 2004

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 800-424-9630 Local 202-694-1100

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 DAVID A BEASLEY

Candidate Party Affiliation REP Office Sought: House Senate President State 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:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Bearley for Senate, Inc.

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

Mailing Address

Title or Position CITY STATE ZIP CODE

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 RW DEMANNING III

Mailing Address PO BOX 1028

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 617-398-1800

Full Name of Designated Agent WAS BEARLEY

Mailing Address

Title or Position CITY STATE ZIP CODE

Asst Treasurer 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.

CAROLINA BANK AND TRUST CO

Mailing Address

72 PUGLIE SQUARE

Danington SC 29532

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Business for Senate, D.C.
PO Box 1028
Washington, D.C. 20540

Secretary of the Senate
Office of Public Records
232 Mont Senate Office Building
Washington, D.C. 20510-7116



