FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **TedSC** 164 Market Street ADDRESS (number and street) #200 (Check if address is changed) Charleston 29401 SC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address info@TedSC.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.TedSC.com (Check if address is changed) DATE 03 2017 C00636597 FEC IDENTIFICATION NUMBER > 3. X 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. Fienning, Charles, E.,, Type or Print Name of Treasurer Fienning, Charles, E.,, [Electronically Filed] 04 03 2017 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Nam	le of	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	didate	Fienning, Ted, , ,	
	didate y Affiliati	on REP Office Sought: House Senate President	State SC District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee: (National, State	Democratic,
(d)			depublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected 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 seg committee. (i.e., nonconnected committee)	regated 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.)	
Join	it Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na		-
TedSC		
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Inbooks and records.	dentify by name, address (phone number optional) and position of the person in	possession of committee
	ng, Charles, E., ,	
Full Name	164 Market Street	
Mailing Address	#200	
	Charleston SC 2940)1
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name Fiennin of Treasurer	g, Charles, E., ,	
Mailing Address	164 Market Street	
	[#200 	
	Charleston SC 2940 CITY STATE	ZIP CODE
Title or Position Treasurer		

FEC For	m 1 (Revised	1 0 2 / 2009)	Page 4
Full Name of Designated Agent			1 1 1 1 1 1 1 1
Mailing Address			
3			
		CITY STATE	ZIP CODE
Title or Position			
		Telephone number	
Banks or Other safety deposit b	r Depositorie	es: List all banks or other depositories in which the committee deposits funds, h	olds accounts, rents
salety deposit b	oxes or main	tains funds.	
Name of Bank,			
-			
-	Depository, e		
Name of Bank,	Depository, e	otc.	
Name of Bank,	Depository, e	151 Meeting Street	1 1
Name of Bank,	Depository, e	tc. 151 Meeting Street #102	1 ZIP CODE
Name of Bank,	Depository, e	#102 Charleston CITY STATE	
Name of Bank, Mailing Address	Depository, e	tc. 151 Meeting Street	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, e	#102 Charleston CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, e	tc. 151 Meeting Street	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, e	tc. 151 Meeting Street	ZIP CODE