

Jim Ritchie for Congress  
P O Box 18149  
Spartanburg, SC 29318

COPIES OF  
FEDERAL ELECTIONS  
COMMISSION RECORDS  
APR 21 1 41 PM '97

April 15, 1997

Federal Elections Commission  
999 E Street, N W  
Washington, DC 20463

Dear Sir:

Enclosed are the FEC Forms 1 and 2 to be filed on behalf of the Jim Ritchie for Congress Committee. Please file the originals and return a filed copy to me.

Thank you for your assistance.

Sincerely,



Jeff Smith  
Jim Ritchie for Congress Committee

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|                                                                               |                                                        |                                                                                                        |
|-------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1. (a) NAME OF COMMITTEE IN FULL<br><b>Jim Ritchie for Congress Committee</b> | <input type="checkbox"/> (Check if name is changed)    | 2. DATE<br><b>4/15/97</b>                                                                              |
| (b) Number and Street Address<br><b>P. O. Box 18149</b>                       | <input type="checkbox"/> (Check if address is changed) | 3. FEC Identification Number                                                                           |
| (c) City, State and ZIP Code<br><b>Spartanburg, SC 29318</b>                  |                                                        | 4. Is This Report An Amendment?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

## 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<br><b>James H. Ritchie, Jr.</b> | Candidate Party Affiliation<br><b>Republican</b> | Office Sought<br><b>House of Rep.</b> | State/District<br><b>SC/4</b> |
|---------------------------------------------------|--------------------------------------------------|---------------------------------------|-------------------------------|
- ☐ (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- ☐ (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---------------------------------------------------------------|------------------------------|--------------|
|                                                               |                              |              |

Type of Connected Organization  
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

## 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 |
|-------------------------|--------------------------------------------|-------------------|
| <b>D. Jeffrey Smith</b> | <b>P.O. Box 5135 Spartanburg, SC 29304</b> |                   |

## 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                         | Mailing Address                                 | Title or Position |
|-----------------------------------|-------------------------------------------------|-------------------|
| <b>Frederick G. Phillips, Jr.</b> | <b>P.O. Box 18149<br/>Spartanburg, SC 29318</b> | <b>Treasurer</b>  |

## 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. | Mailing Address and ZIP Code                     |
|--------------------------------|--------------------------------------------------|
| <b>Arthur State Bank</b>       | <b>East Main Street<br/>Spartanburg SC 29302</b> |

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<br><b>Frederick G. Phillips, Jr.</b> | SIGNATURE OF TREASURER<br> | DATE<br><b>4/15/97</b> |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------|

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.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-219-3420

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**FEC FORM 1**  
 (revised 4/87)

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE**  
**FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered

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and Registration

DATE OF RECEIPT

☐ Received from the Senate Office of Public  
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☐ Other (Specify):

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PREPARER

4-21-97  
DATE PREPARED