RECEIVED

2012 JUN 27 AM 8: 16

FEC MAIL CENTER

To When It May Concern!

Contact me it any aulstions

Ale Taylor tel. 843-851-5660

М J 205082

FEC

FORM 1

AMENDED

STATEMENT OF **ORGANIZATION**

RECEIVED

2012 JUN 27 AM 8: 16

FEC MANICO GE SAITER

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
GITIAINT ICIGIMEIN	NT HIOLDING	ILINCI IPIOILTIT	TICALIA	CITITION
COMMITTIEL		111111		
ADDRESS (number and street)	312101-1D1 1M11D1	LAND PARKU	WAY	
(Check if address			111111	
is changed)	SUMMERVILL	لبسب	BC 12	<u>0'1'82 -[8'1'13]</u>
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-	mail address)		
(Check if address	ATAYLOR @	GCHI COM		
is changed)			<u> </u>	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)	·		
			1 1 1 1 1 1	
(Check if address is changed)				
·				
2. DATE 06 '&	U' ZOLZ			
3. FEC IDENTIFICATION NUMBER COOLLIZETO				
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 JAVIER MARTINEZ				
Signature of Treasurer	(N)	<u> </u>	Date O.S.	2012
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 Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

5.

		OMMITTEE				
(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 Cand						
Cand Party	idate Affiliatio	Office State Senate President District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	y Con	nmittee:				
(d)		(National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.				
Polit	tical A	ction Committee (PAC):				
(e)	V	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
		Corporation Corporation w/o Capital Stock				
		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 segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAG. (Identify sponsor on line 6.)				
.loint	 Fund	Iraising Representative:				
(g)		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.				
(n)	(h) 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.					
Committees Participating in Joint Fundraiser						
	1.	FEC ID number C				
	2.	FEC ID number				
	3.	FEC ID number				
	4.	FEC ID number				

FEC Form 1 (Revis	sed 02/2009)		Page 3
Write or Type Committee N	lame		
6. Name of Any Connect	ed Organization, Affiliated Committee, Jo	int Fundraising Representative	or Leadership PAC Sponsor
Mailing Address		1111111	
			<u> </u>
	CITY	STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee	Joint Fundraising Representa	ative Leadership PAC Sponso
_	-		
7. Custodian of Records: books and records.	Identify by name, address (phone number	optional) and position of the p	erson in possession of committee
Full Name	CIJANDRA ITAYLO	R	1 1 1 1 1 1 1 1 1 1 1
Mailing Address	BLOD MIDILAND	PIKIWY	
	BUMMERVICILE	bcl kcl	29485-8113
Title or Position	CITY	STATE	ZIP CODE
SITIAITI IAIC	COUNTANT	Telephone number	<u> </u>
Treasurer: List the name any designated agent (e	e and address (phone number optional) of a.g., assistant treasurer).	of the treasurer of the committee	; and the name and address of
Full Name of Treasurer	VILEIR MARITICINEIZI		
Mailing Address	BIZOI-ID IM LIDUAIN	D PKWY	
•			
•			
Title or Position	SUMMERVILLE CITY	STATE	[29,4,8,5]-8,11, 13 zip code

9.

	<u>, , , , , , , , , , , , , , , , , , , </u>		
	·		
Full Name of Designated Agent	ANNE CAGGIANO	11111	
Mailing Address	1320, -D MIDUAND, PKIU	ψ /	
		11111	
	SUMMERNIULE CITY	J <u>S.C.</u> STATE	[29.4.85]-[81.1.3] ZIP CODE
Title or Position			
AISSTL 6	GENERAL COUNSIEL Telephone	number S	4,3-185,11-15,6,8,11
			funds, holds accounts, rents
	WELLS FARGO BANK, N.A.		<u> </u>
Mailing Address	[PO BOX 6302011111		
	SAN FRACUSIOO	_ CA	94163-
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
	1		
Mailing Address		1 1 1 1	
		11.1.1.1	
		ليا ل	السيا-السيا
	CITY	STATE	ZIP CODE

Federal Election C ENVELOPE REPLACEMENT PAGE F The FEC added this page to the end of this	OR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 6/21/12
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or S	ignature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registrat	Date of Receipt ion Office
Received from Senate Public Records Office	Date of Receipt ce
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
	6/27/12
PREPARER (3/2005)	DATE PREPARED
	·