

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL
ELECTION CENTER

2003 OCT 27 A 10:32
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: if typing, type over the line 12FB4M5

BRADLEY FOR CONGRESS

ADDRESS (number and street) P.O. Box 116532

(Check if address is changed) GREENVILLE SC 29604

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
sophia@bradleyforcongress.com

LAURENCE.AYER@SENATOR.TXASAT

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.bradleyforcongress.com

~~www.senate.gov~~

COMMITTEE'S FAX NUMBER
(770)-797-9744

2. DATE 10 12 2003

3. FEC IDENTIFICATION NUMBER C

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 M. CH. BELLA VOENSLAYED

Signature of Treasurer [Signature] Date 10 20 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §457g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 PHILIP T. BIAS BRADLEY

Candidate Party Affiliation REP Office Sought: House Senate President State SC District 04

- (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.

9. 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

BRADLEY FOR CONGRESS

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 Philip Tobias Bradley

Mailing Address P.O. Box 16538

Greenville SC 29604

Title or Position CITY STATE ZIP CODE

candidate Telephone number 864-322-7278

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 MICHAEL LANDRIST

Mailing Address 5295 WILKINSON BLVD

NORFOLK VA 23012

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 770-797-1979

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

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.

The NATIONAL BANK of SOUTH CAROLINA

Mailing Address

P. O. Box 1567

Greenville SC 29602

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


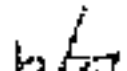
STATE ▲

ZIP CODE ▲

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10/21/03
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<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
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PREPARER	DATE PREPARED

(6/2000)