Only

## STATEMENT OF

PAGE 1 / 4

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Gloria Bromell Tinubu for Congress PO Box 1022 ADDRESS (number and street) (Check if address is changed) Conway 29528 SC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gtinubu@gmail.com (Check if address is changed) Optional Second E-Mail Address |woodfieldgroup@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2019 C00508242 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. Fowler, Donald, L.,, Type or Print Name of Treasurer Fowler, Donald, L.,, [Electronically Filed] 09 2014 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 Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	W.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Committee information below.)	omplete the candidate
Name of Candidate Tinubu, Gloria, Bromell, ,	
Candidate Party Affiliation  DEM  Office Sought:   House  Senate  President	State SC District 07
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its committee is a separate segregated fund.	connected 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 committee. (i.e., nonconnected committee)	segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidat	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2.	
3. FEC ID number C	
4.	

FEC <b>Form 1</b> (Revi	sed 02/2009)	   Page <b>3</b>
Write or Type Committee	Name	-
Gloria Brome	ell Tinubu for Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	TE ZIP CODE
Relationship: Conr	ected Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
. Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of t	he person in possession of committee
Tinuk Full Name	ou, Gloria, Bromell, ,	
Mailing Address	1403 7th Ave	
	Conway SC	29526
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name	e and address (phone number optional) of the treasurer of the comme.g., assistant treasurer).	ittee; and the name and address of
Full Name Fowler of Treasurer	er, Donald, L., ,	
Mailing Address	2725 Devine Street	
	Suite 1	
	Columbia	29205
Title or Position , Treasurer	CITY STATE	
	Telephone number	843 399 0252

FEC Form 1 (I	Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Depos	sitory, etc.	as, notes decounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  Pells Fargo  1441 Main Street	29201
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  Pells Fargo  1441 Main Street  Columbia  SC  2	29201
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  Pells Fargo  1441 Main Street	
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  Pells Fargo  1441 Main Street  Columbia  CITY  STATE	29201
safety deposit boxes of Name of Bank, Deposition Mailing Address	or maintains funds. sitory, etc.  Pells Fargo  1441 Main Street  Columbia  CITY  STATE	29201
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Deposition Name of Bank, Deposition Deposition Name of Bank, Deposition Name of	or maintains funds. sitory, etc.  Pells Fargo  1441 Main Street  Columbia  CITY  STATE	29201
safety deposit boxes of Name of Bank, Deposition Mailing Address	or maintains funds. sitory, etc.  Pells Fargo  1441 Main Street  Columbia  CITY  STATE	29201
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Deposition Name of Bank, Deposition Deposition Name of Bank, Deposition Name of	or maintains funds. sitory, etc.  Pells Fargo  1441 Main Street  Columbia  CITY  STATE	29201
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Deposition Name of Bank, Deposition Deposition Name of Bank, Deposition Name of	or maintains funds. sitory, etc.  Pells Fargo  1441 Main Street  Columbia  CITY  STATE	29201 