

SECRETARY OF THE SENATE
10 APR 19 PM 3: 15

April 12, 2010

Vic Rawl for U.S. Senate
2245-C Ashley Crossing Drive. PMB 13
Charleston, SC 29414

Secretary of the Senate
Office of Public Records
PO Box 2517
Alexandria, VA 22301-0517

Dear Mr. Secretary:

Enclosed you will find a completed FEC Form 1 for the Vic Rawl for US Senate Campaign. Mr. Rawl is running for the United States Senate as a Democrat in the State of South Carolina. The original filing on March 2, 2010 was missing several pages do to an administrative error. Please accept my apology for the unintentional mistake.

We have found the FEC staff to be very helpful and we look forward to working with you. Please do not hesitate to contact me if you have any questions or need additional information.

With kind regards, I am

Sincerely,


Charles R. Thompson, Jr.

10020270453

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
10 APR 19 PM 3:15

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

VIC RAWL FOR U.S. SENATE

ADDRESS (number and street)

2245 C. ASHLEY CROSSING DRIVE

(Check if address is changed)

PMB 13

CHARLESTON

SC

29414

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

RAWL4SENATE@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 / 12 / 2010

3. FEC IDENTIFICATION NUMBER

C00478016

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

CHARLES P. THOMPSON, JR.

Signature of Treasurer

Date

04 / 12 / 2010

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 contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

10020270454

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 ALFRED VICTOR RAWL

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

- (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 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 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 PAC. (Identify sponsor on line 6.)

Joint Fundraising 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.
- (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	C _____
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 CHARLES R THOMPSON, JR.

Mailing Address 15 COUNTRY CLUB DRIVE

CHARLESTON SC 29417

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 843-762-2265

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 CHARLES R THOMPSON, JR.

Mailing Address 15 COUNTRY CLUB DRIVE

CHARLESTON SC 29417

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 843-762-2265

10020270456

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

HARBOR NATIONAL BANK

Mailing Address

134 MEETING STREET

[Grid for Mailing Address Line 2]

CHARLESTON SC 29401

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

10020270457

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL 04-14-10
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

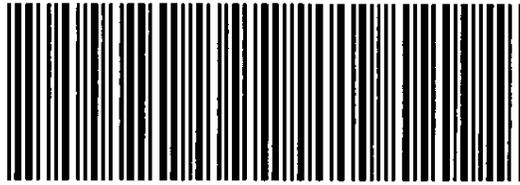
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 04-19-10

10020270459



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