Only

# STATEMENT OF

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**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. Friends of Jim Clyburn Post Office Box 12567 ADDRESS (number and street) (Check if address is changed) Columbia 29211 SC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address fec@clyburnforcongress.com is changed) Optional Second E-Mail Address fec@qstreetcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) clyburnforcongress.com (Check if address is changed) DATE 2023 C00255562 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Bennett, James, , Date 11 16 2023 Signature of Treasurer Bennett, James, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

E	C Form 1 (Revised 03/2022)	Page <b>2</b>
	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 candinformation below.)	didate
	Name of Clyburn, James, E., ,	
	Party Affiliation DEM Sought: X House Senate President	State SC strict 06
	(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 Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	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 function committee. (i.e., nonconnected committee)	l or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1	

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٧	/rite or Type Committee Name	<u> </u>	
	Friends of Jim C	lyburn	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or L	_eadership PAC Sponsor
	NONE	<u> </u>	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in p	ossession of committee
	Broz, Rand	all, , , ,	
	Full Name	400 South Capital Street	
	Mailing Address	499 South Capital Street	
		Suite 420	
		Washington	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and issistant treasurer).	I the name and address of
	Full Name Bennett, Ja of Treasurer	mes, , ,	
	Mailing Address	P.O. Box 12567	
		Columbia	29211
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		400
	Treasurer		

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		ephone number	
	Depositories: List all banks or other depositories in which thes or maintains funds.	ne committee deposits fun	ds, holds accounts, rents
Name of Bank, De	epository, etc.		
L	South State Bank		
Mailing Address	520 Gervais Street		
	Columbia	SC	29201
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.		
L	Wells Fargo	1	
Mailing Address	1441 Main Street		
	Columbia	SC	29201
	CITY ▲	STATE ▲	ZIP CODE ▲

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>	ig i articipant.				
1.			FEC ID	number	C
2.			FEC ID	number	С
3.			FEC ID	number	C
4.			FEC ID	number	C
ame of Any Connected	Organization, Affilia	ated Committee, Joint F	Fundraising Rep	resentative	, or Leadership PAC Spon
Mailing Address					
Relationship:		CITY A		STATE A	
•		_			
		Affiliated Committee	Joint Fundraising	Representa	tive Leadership PAC Sp
				Representa	tive Leadership PAC Sp
esignated Agent: Identi				Representa	tive Leadership PAC Sp
esignated Agent: Identi				Representa	tive Leadership PAC Sp
esignated Agent: Identi		(phone number – options	al)		
esignated Agent: Identi	fy by name, address		al)	Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address	(phone number – options	al)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address	(phone number – options	al)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address	(phone number – options	al)	STATE A	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of <sup>8</sup>	
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(h). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee 5	oint Fundraising Represent	ative Leadership PAC Sp
Connecto			ative Leadership PAC Sp
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esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
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esignated Agent: Identification  Full Name  Mailing Address	fy by name, address (phone number – optional		
esignated Agent: Identification of Bank, Optus	fy by name, address (phone number – optional  CITY ▲  Ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of the property of the propert	fy by name, address (phone number – optional CITY A  CITY A  ories: List all banks or other depositories in what intains funds.	STATE   Telephone Number  ich the committee deposi	ZIP CODE A
esignated Agent: Identification of Bank, Optus	fy by name, address (phone number – optional  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE   Telephone Number  ich the committee deposi	ZIP CODE A
esignated Agent: Identification of the property of the propert	fy by name, address (phone number – optional  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE   Telephone Number  ich the committee deposi	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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		FEC ID num	per C	
Organization, Affiliated Com	mittee, Joint Fund	draising Represen	tative, or	Leadership PAC Spons
CIT	Y <b>A</b>	STAT	_ L	ZIP CODE A
Organization Affiliated Companization Affiliated Companies Affiliated Affiliated Companies Affiliated Affiliated Companies Affiliated A		Tanadaing Hopk	Schlauve	Leadership PAC Sp
_			J	Leadership PAC Sp
_			Schalive	Leadersnip PAC Sp
_				Leadership PAC Sp
by name, address (phone no	umber – optional)			
_	umber – optional)	STATE		ZIP CODE A
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Committee, Join	F F F T F T T T T T T T T T T T T T T T	EC ID numb	er C er C ative, or I	ZIP CODE A
Committee, Join	at Fundraisin	Representa	ative, or I	ZIP CODE A
Committee, Join	Joint Fund	ng Representa	ative, or I	ZIP CODE A
CITY Auted Committee	Joint Func	STATE		ZIP CODE A
ated Committee				
		draising Repres	sentative	
CITY A		CTATE	_	7ID CODE 4
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