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STATEMENT OF **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 A COMMITTEE'S E-MAIL ADDRESS info@clyburnforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) clyburnforcongress.com (Check if address is changed) DATE 2021 C00255562 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. Bennett, James, , , Type or Print Name of Treasurer Bennett, James, , , [Electronically Filed] 07 15 2021 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 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate	CLYBURN, JAMES E., , ,	
	didate / Affiliati	on DEM Office Sought: # House Senate President	State SC District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Wo 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 scommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		- J
FRIENDS OF J	M CLYBURN	
	rganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
Ü		
		1
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	ify by name, address (phone number optional) and position of the pe	erson in possession of committee
Broz, Rand	all, , ,	
Mailing Address	499 S. Capitol Street SW	
maming / radioses	Suite 420	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Treasurer		
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
Full Name Bennett, Ja of Treasurer	nes, , ,	
Mailing Address	P.O. Box 12567	
	Columbia	29211
Title or Position Treasurer	CITY STATE Telephone number	ZIP CODE

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		ls accounts rents
Banks or Other De safety deposit boxes Name of Bank, Dep	epositories: List all banks or other depositories in which the committee deposits funds, hold is or maintains funds. pository, etc.	is decounts, rems
safety deposit boxes Name of Bank, Dep	s or maintains funds.	J. J. J. J. J. J. J.
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc.	
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc. South State Bank	
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc. South State Bank	
safety deposit boxes Name of Bank, Dep	South State Bank 520 Gervais Street	ZIP CODE
safety deposit boxes Name of Bank, Dep	South State Bank 520 Gervais Street Columbia CITY STATE	
Name of Bank, Dep Mailing Address Name of Bank, Dep	South State Bank 520 Gervais Street Columbia CITY STATE	
Safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	South State Bank South State Bank	
Name of Bank, Dep Mailing Address Name of Bank, Dep	South State Bank South State Bank	

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

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h). Joint Fundraising	i a despaire.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee Jo	oint Fundraising Represent	ative Leadership PAC S
	by name, address (phone number – optional)		Leadership 1740 e
esignated Agent: Identify			Leadership FAO e
esignated Agent: Identify Full Name			
esignated Agent: Identify Full Name			
esignated Agent: Identify Full Name	by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Ges: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Ges: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, BB&T epository, etc.	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which intains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, BB&T epository, etc.	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which intains funds.	STATE A Telephone Number	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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h). Joint Fundraisin	g Participant:			
1		FEC I	D number	C
2.		FEC I	D number	C
3.		FEC I	D number	С
4		FEC I	D number	C
ame of Any Connected	Organization, Affiliated Committee, J	loint Fundraising Re	presentative	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Joint Fundraisir	g Representa	ative Leadership PAC S
esignated Agent: Identify	d Organization Affiliated Committee by by name, address (phone number – o		ng Representa	Leadership PAC Sp
esignated Agent: Identify			g Representa	Leadership PAC S
esignated Agent: Identify			g Representa	Leadership PAC S
esignated Agent: Identify			ng Representa	
esignated Agent: Identify Full Name	by name, address (phone number – o	optional)	Representation of the state of	Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number – o	optional)	STATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, Optus	compared by name, address (phone number – compared by name, address (pho	optional) Telephone N	STATE A	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing ame of Bank, Optus	compared by name, address (phone number – compared by name, address (pho	optional) Telephone N	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositorie intains funds.	optional) Telephone N	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositorie intains funds.	optional) Telephone N	STATE A	ZIP CODE A

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

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safety deposit boxes or ma	ories: List all ba			STATE A phone Number e committee deposit	ZIP CODE ZIP CODE sts funds, holds accounts, rents
TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or management of Bank, Synov Depository, etc.	ories: List all baraintains funds. us/NBSC	nks or other deposito		STATE ▲	
TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or management of Bank, Synov Depository, etc.	ories: List all baraintains funds. us/NBSC	nks or other deposito		STATE ▲	
TITLE OR POSITION Banks or Other Depositors of Banks or Synov	ories: List all baraintains funds. us/NBSC	nks or other deposito		STATE ▲	
TITLE OR POSITION Banks or Other Depositors afety deposit boxes or management.	ories: List all baraintains funds.			STATE ▲	
TITLE OR POSITION	ories: List all ba			STATE ▲	
	▼	CITY A	Tele	STATE A	ZIP CODE A
	V	CITY A	Tolo	STATE A	ZIP CODE A
		CITY A			ZIP CODE A
Mailing Address					
Mailing Address					
	_ I				
Full Name					
Designated Agent: Identify	y by name, add	ress (phone number	– optional)		
Connecte	d Organization	Affiliated Committee	ee Joint F	undraising Represent	ative Leadership PAC Spo
Relationship:		CITY ▲	п	STATE A	ZIP CODE ▲
Mailing Address					
Name of Any Connected	Organization,	Affiliated Committee	, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponse
4.					
4 1				FEC ID number	C
				FEC ID number	C
3.			1	FEC ID number	С

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

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g) or (h).	Joint Fundraising	g Participant:			
1.		<u> </u>		FEC ID number	C
2.	. <u> </u>			FEC ID number	C
3.				FEC ID number	С
4.				FEC ID number	С
Name	e of Any Connected	Organization, Affilia	ted Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
	Mailing Address				
	Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization A	Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sponsor
Desig	gnated Agent: Identify	by name, address (phone number – optional)		
	Full Name	1			
	Full Name				
M	Mailing Address		CITY A	STATE A	ZIP CODE A
M			I		
Bank safety Name	Mailing Address TITLE OR POSITION As or Other Depositor y deposit boxes or ma	ries: List all banks o intains funds. tizensBank	-	STATE ▲ Felephone Number	
Bank safety Name	TITLE OR POSITION as or Other Depositor by deposit boxes or ma e of Bank, FirstCit psitory, etc.	ries: List all banks o intains funds.	-	STATE ▲ Felephone Number	ZIP CODE 🛦