

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

J a y J o r d a n f o r C o n g r e s s

ADDRESS (number and street)

6 2 6 W e s t E v a n s S t r e e t

(Check if address is changed)

F l o r e n c e S C 2 9 5 0 1

CITY

STATE

ZIP CODE

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

(Check if address is changed)

j a y j o r d a n f o r c o n g r e s s @ g m a i l . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

j a y j o r d a n f o r c o n g r e s s . c o m

2. DATE

1 1 / 1 7 / 2 0 1 1

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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

Bill Ickes

Signature of Treasurer

[Handwritten Signature]

Date

1 1 / 2 1 / 2 0 1 1

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)

11030691490

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: W a l l a c e, H e r b e r t, J o r d a n, J r. (J a y)

Candidate Party Affiliation: R. e. p. Office Sought: House Senate President State: S. C. District: 7

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: W a l l a c e, H e r b e r t, J o r d a n, J r. (J a y)

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 8.)

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 []

11030691491

Write or Type Committee Name

Jay Jordan for Congress

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

L e n C a u d i l l

Mailing Address

1 8 0 6 B r a n d o n D r i v e

[Empty grid lines for address]

F l o r e n c e S C 2 9 5 0 5

Title or Position

CITY

STATE

ZIP CODE

C u s t o f R e c o r d s

Telephone number 8 4 3 - 6 6 5 - 1 4 0 2

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

B i l l I c k e s

Mailing Address

2 8 5 6 H e r m i t a g e L a n e

[Empty grid lines for address]

F l o r e n c e S C 2 9 5 0 1

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number 7 0 6 - 5 7 5 - 7 1 5 8

11030691492

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

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.

A n d e r s o n B r o t h e r s B a n k

Mailing Address

5 0 1 S e c o n d L o o p R o a d

P O B o x 1 2 8 5 7

F l o r e n c e S C 2 9 5 0 4

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

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

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

11050691493

Federal Election Commission
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date <i>11/21/11</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMP
 PREPARER

11/22/11
 DATE PREPARED

11030691494