FEC FORM 1	STATEMEN ORGANIZ		PAGE 1 / 4 -
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Claude Schmid F	For Congress Ca	mpaign Committ	
ADDRESS (number and street)	PO Box 25503		
(Check if address is changed)	1		
is changed)	Greenville └ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │		SC   29616     STATE ▲   ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)	info@schmidforcongres		
	Optional Second E-Mail Add	dress	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)		
	D       /       Y       Y       Y         3       /       2018		
3. FEC IDENTIFICATION N		00675330	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	er Schmid, Claude, , ,		
Signature of Treasurer	iid, Claude, , ,	[Electronically Filed]	Date 04 03 / 2018
NOTE: Submission of false, error		may subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

Image# 201804039098810496

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	TYPE	OF C	OMMITTEE		
	Canc	didate	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 Schmid, Claude, , ,					
	Candio		on REP Office State Senate President		
	Party	Affiliatio	on REP Sought: K House Senate President District 04		
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candio				
	Party	y Con	mittee:		
	(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.		
	Politi	ical A	ction 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	Fund	raising 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.		
		Com	mittees Participating in Joint Fundraiser		
		1.			
		2.	FEC ID number		
		3.	FEC ID number		
		4.			

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Claude Schmid For Congress Campaign Committee

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

N		
	Mailing Address	
		CITY STATE ZIP CODE
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in possession of committee
	Schmid, Cla	aude, , ,
	Mailing Address	300 Nazareth Church Rd
	Maning Address	· · · · · · · · · · · · · · · · · · ·
		Moore SC 29369
	Title or Position	CITY STATE ZIP CODE
		Telephone number
8.	Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name and address of ssistant treasurer).
	Full Name Schmid, Cla   of Treasurer Image: Image state	aude, , ,
	Mailing Address	300 Nazareth Church Rd
		Moore
	Title or Position	CITY STATE ZIP CODE
		Telephone number

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Full Name of Designated Agent	Suma, Christopher, , ,
Mailing Address	201 Carolina Pointe Pkwy
	Apt 131
	Greenville SC 29607
	CITY STATE ZIP CODE
Title or Position	
	Image:

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.

Wells F	- argo		
Mailing Address	1505 W.O.Ezell Blvd		
	Spartanburg		29301
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE