





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

GERALDINE WHITE

Mailing Address

214 MORRIS ST APT B

CENTRAL

SC

29630

Title or Position

CITY

STATE

ZIP CODE

FUNDRAISING MANAGER

Telephone number

864-722-1398

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

GERALDINE WHITE

Mailing Address

214 MORRIS ST APT B

CENTRAL

SC

29630

Title or Position

CITY

STATE

ZIP CODE

FUNDRAISING MANAGER

Telephone number

864-722-1398

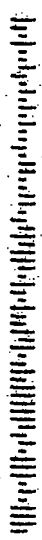
UNIONBOND | NO | CH | HO | HO | HO



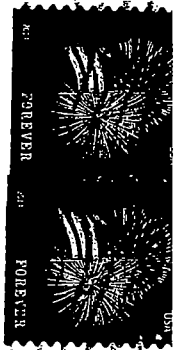
CLEVELAND FOR CONGRESS  
510 E. N. 1ST STREET STE. B  
SENECA, SC 29678

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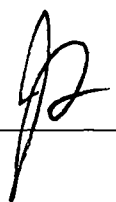
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PREPARER  5/10/16  
 (3/2015) DATE PREPARED

NON-PROFIT ORGANIZATION