

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

John Chapman for Congress

ADDRESS (number and street) 1727 Waterside Blvd

(Check if address is changed)

Moncks Corner CITY SC STATE 29461 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) Jc@johnchapmanforcongress.com

Optional Second E-Mail Address burridgelm@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) johnchapmanforcongress.com

2. DATE 05 / 14 / 2021

3. FEC IDENTIFICATION NUMBER C C00779652

4. 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.

Type or Print Name of Treasurer Burridge, Lisa, , Ms.,

Signature of Treasurer Burridge, Lisa, , Ms., [Electronically Filed] Date 05 / 14 / 2021

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.

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 Chapman, John, , Mr.,

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  SC District  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  (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 6.)

**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 \_\_\_\_\_

Write or Type Committee Name

# John Chapman for Congress

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

NONE

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 Burridge, Lisa, , Ms.,

Mailing Address 132 Jillian Circle

Goose Creek SC 29445

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 843 - 847 - 1666

**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 Burridge, Lisa, , Ms.,

Mailing Address 132 Jillian Circle

Goose Creek SC 29445

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 843 - 847 - 1666

Full Name of Designated Agent

Burridge, Lisa, , Ms.,

Mailing Address

132 Jillian Circle

Goose Creek

SC

29445

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

843

847

1666

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.

Farmers & Merchants Bank of SC

Mailing Address

P.O. Box 68 8624

Old State Road

Holly Hill

SC

29059

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE