FEC

Only

STATEMENT OF

PAGE 1/8

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Team Graham, Inc. PO Box 1801 ADDRESS (number and street) (Check if address is changed) Columbia 29202-1801 SC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS campaign@lindseygraham.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.LindseyGraham.com (Check if address is changed) DATE 2009 C00458828 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Westbrook, Thad, H.,, Type or Print Name of Treasurer Westbrook, Thad, H.,, [Electronically Filed] 07 2020 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

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information below	w)
(•
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	emplete the candidate
Name of Candidate Graham, Lindsey, O., ,	
Candidate Office Party Affiliation REP Sought: House X Senate President	State
Party Affiliation REP Sought: House X Senate President	District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State	(Domogratio
(d) This committee is a 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 committee is a separate segregated fund.	onnected 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 committee. (i.e., nonconnected committee)	segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	

FEC Form 1 (Revised	d 02/2009)	Page 3
Write or Type Committee Na	me	
Team Graham	n, Inc.	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
Graham Majority Fur	nd 	
	228 S Washington St	
Mailing Address	Ste 115	
	Alexandria VA	22314-5404
	CITY STATE	ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee Joint Fundraising Representat	Leadership PAC Sponso
Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the pe	rson in possession of committee
Farmer,	, Scott, , ,	
	PO Box 1801	
Mailing Address		
	Columbia	29202-1801
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	03 748 - 0300
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee;, assistant treasurer).	and the name and address of
Full Name Westbro of Treasurer	ook, Thad, H., ,	
Mailing Address	1320 Main St., Fl 17	
	Columbia SC STATE	29201-3268 ZIP CODE
Title or Position Treasurer	80 Telephone number	

FEC Form 1 (Revise	ed 02/2009)	Page 4
Full Name of Designated Agent Farmer, S	Scott, , ,	
Mailing Address	PO Box 1801	
	Columbia SC 29202-18 CITY STATE 2	001
Title or Position Assistant Treasurer	Telephone number 803 - 7	48 0300
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		accounts, rents
BB&T		
Mailing Address	1909 K Street NW	
	Washington DC 20006	
	CITY STATE 2	ZIP CODE
Name of Bank, Depository,	etc.	
Chain Mailing Address	Bridge Bank 1445-A Laughlin Ave.	
	McLean VA 22101	
	CITY STATE :	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

(h). Joint Fundraisin	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Graham Victory 20)20		
Mailing Address	228 S. Washington St., Ste. 115		
	Alexandria	VA	22314-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY	STATE A	Leadership PAC S
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name	by name, address (phone number – optional) CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

	g Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected Graham-Perdue \	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 60148		
	Washington	DC	20039-
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	y by name, address (phone number – optional)	STATE A	Leadership PAC Sp
Pesignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full NameMailing Address TITLE OR POSITIONManks or Other Deposito afety deposit boxes or mailane of Bank,	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mailane of Bank, Depository, etc.	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	g Participant:		
(9)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e. or Leadership PAC Sponsor
	Palmetto Oak Vict			, от долинения
	Mailing Address	228 S. Washington St., Ste. 115		
	-			
		Alexandria	ı VA	22314-
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
			Fundraising Representa	
	Connected	I Organization Affiliated Committee X Joint	Fundraising Represent	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Full Name			
	Mailing Address	CITY A	STATE A	ZIP CODE A
		1	STATE A	ZIP CODE A
	Mailing Address	_	STATE A	ZIP CODE A
	Mailing Address TITLE OR POSITION		lephone Number	
9.	Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	lephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor	ries: List all banks or other depositories in which	lephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	ries: List all banks or other depositories in which	lephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	ries: List all banks or other depositories in which	lephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	ries: List all banks or other depositories in which	lephone Number	

FEC Form 1S (Revised 02/2017)

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

h). Joint Fundraisi r	· 9 · · · · · · · · · · · · · · · · · ·		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Senate Firewall 2	020 		
	⊥ 1305 W 11th St		
Mailing Address			
	# 213		
	Houston	TX TX	77008-6501
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Sp
	d Organization Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	state A	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank,	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A