Image# 202405209646164832				05/20/2024 15 : 18 PAGE 1 / 8
FEC FORM 1	STATEMEI ORGANIZ			
1. NAME OF	(Check if name	Example:If typing, type		ce Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
SOUTH CAROLIN	A REPUBLICAN F	PARTY		
ADDRESS (number and street)	1913 Marion St.			
(Check if address				
is changed)	Columbia		SC 2920	01 -
	CITY A		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	elizabeth@scgop.com			
G ,	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	www.scgop.com			
	0 / Y Y Y Y 2024			
B. FEC IDENTIFICATION N	UMBER ► C C	00034033		
. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief	t is true, correct and	complete.
		, ,		
ype or Print Name of Treasure	Stroman, Elizabeth, , ,			
Signature of Treasurer Stron	man, Elizabeth, , ,		Date 05	20 / Y Y Y Y 20 2024
NOTE: Submission of false, erron		may subject the person signing TION SHOULD BE REPORTED		penalties of 52 U.S.C. §3010
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

05/20/2024 15 : 18

(g)

(h)

(i)

(j)

1.

2.

Joint Fundraising Representative:

Committees Participating in Joint Fundraiser

FEC Form	1 (Revised 03/2022)	Page 2
. TYPE	OF COMMITTEE:	
Candi	idate 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 information below.)	e candidate
Nam Cano	e of didate	
	didate Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	me of ndidate	
Party ^(d) ×	Committee: (National, State or subordinate) committee of the (Democratic REP (Democratic Republican, Republica	
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock	rganization
	Membership Organization Trade Association Coopera	tive
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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.)

This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

committees/organizations, at least one of which is an authorized committee of a federal candidate.

committees/organizations, none of which is an authorized committee of a federal candidate.

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political

This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Lobbyist/Registrant PAC.

С

С

Relationship:

	FEC Form 1 (Revised 0	02/2009)		Page	⇒ 3	
٧	Vrite or Type Committee Name					
	SOUTH CAROL	INA REPUBLICAN PARTY				
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip P	AC S	Sponso	or
	Mailing Address	228 S. WASHINGTON ST.				
		STE. 115				
		ALEXANDRIA VA 22314]-[

STATE **▲**

X Joint Fundraising Representative

ZIP CODE 🔺

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.

CITY

Affiliated Organization

Connected Organization

Stror	an, Elizabeth, , ,
Mailing Address	PO Box 12373
	Columbia SC 29211
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 803 - 988 - 8440

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	Stroman, Elizabeth, , ,	
Mailing Address	PO Box 12373	
	Columbia SC 29211	
	CITY ▲ STATE ▲ ZIP CODE	
Title or Position	▼	
Treasurer	Telephone number	8440

FEC Form 1 (Revised 02	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	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.

	First National Bank of the South		
Mailing Address	1350 Main St.		
	Columbia	SC 29201	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, D			
	Capital Bank		
Mailing Address	1320 Main St.		
	Columbia	SC 29201	
	CITY 🔺	STATE A	ZIP CODE

I

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

5(g) or (h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
	-	Drganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
L	GRAHAM VICTORY 2	2020		
L				
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
				22314
	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint I	- undraising Representa	tive Leadership PAC Sponsor
8. De	signated Agent: Identify	by name, address (phone number - optional)		
8. De :		by name, address (phone number - optional)		
8. De s	Full Name	by name, address (phone number - optional)		
8. De :	Full Name	by name, address (phone number - optional)		
8. De:	Full Name			
8. De:	Full Name		L I I I I I I I I I I I I I I I I I I I	
8. De:	Full Name			
9. Ba	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION nks or Other Depositor rety deposit boxes or mai me of Bank, _ Chain B	CITY A CITY A Tele ies: List all banks or other depositories in which th ntains funds.	ephone Number	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION nks or Other Depositor rety deposit boxes or mail me of Bank, Chain E pository, etc.	CITY ▲ C	ephone Number	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION nks or Other Depositor rety deposit boxes or mail me of Bank, Chain E pository, etc.	CITY ▲ C	ephone Number	

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

Organization Affiliated Committee Joint Fundraising Representative Leadership by name, address (phone number – optional)	
FEC ID number FEC ID number FEC ID number FEC ID number C	
PO BOX 2485 PO BOX 2485 SPRINGFIELD VA 22152 CITY ▲ STATE ▲ ZIP COI Organization Affiliated Committee YA Leadership	
Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAG H CAROLINA PO BOX 2485 SPRINGFIELD VA 22152 CITY ▲ STATE ▲ ZIP COI I Organization Affiliated Committee ✓ Joint Fundraising Representative Leadership	
Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAG H CAROLINA PO BOX 2485 SPRINGFIELD VA 22152 CITY ▲ STATE ▲ ZIP COI I Organization Affiliated Committee ✓ Joint Fundraising Representative Leadership	
H CAROLINA	
H CAROLINA	
PO BOX 2485 PO BOX 2485 SPRINGFIELD CITY STATE ZIP COI Organization Affiliated Committee Joint Fundraising Representative Leadership by name, address (phone number – optional)	
SPRINGFIELD CITY A STATE ZIP COL Organization Affiliated Committee Joint Fundraising Representative Leadership by name, address (phone number – optional)	
SPRINGFIELD CITY A STATE ZIP COL Organization Affiliated Committee Joint Fundraising Representative Leadership by name, address (phone number – optional)	
SPRINGFIELD CITY A STATE ZIP COL Organization Affiliated Committee Joint Fundraising Representative Leadership by name, address (phone number – optional)	
CITY A STATE A ZIP COL Organization Affiliated Committee Joint Fundraising Representative Leadership by name, address (phone number – optional)	
CITY A STATE A ZIP COL Organization Affiliated Committee Joint Fundraising Representative Leadership by name, address (phone number – optional)	
Organization Affiliated Committee Joint Fundraising Representative Leadership by name, address (phone number – optional)	
v by name, address (phone number – optional)	eadership PAC Sp
Telephone Number	

CITY

STATE **A**

ZIP CODE

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

ZIP CODE

STATE 🔺

5(g) or	(h). Joint Fundraising	J Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
_	4.		FEC ID number	С
6. N	NRSC VICTORY	Drganization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
		STE 115		
	Relationship:	CITY A	STATE	
-			t Fundraising Representa	ative Leadership PAC Sponsor
8. D	Full Name	by name, address (phone number – optional)		
	Mailing Address	1		
	3			· · · · · · · · · · · · · · · · · · ·
		CITY ▲		
		•	elephone Number	
s	Banks or Other Depositori afety deposit boxes or main lame of Bank, Depository, etc.			s funds, holds accounts, rents
		1		
	Mailing Address			

L

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

5(g) or ((h). Joint Fundraising	Participant:				
	1.			FEC ID	number	C
	2.			FEC ID	number	C
	3.			FEC ID	number	C
_	4.			FEC ID	number	C
6. N	lame of Any Connected (Organization, Affiliate	d Committee, Joint F	undraising Rep	resentative	, or Leadership PAC Sponsor
		EE, INC.				
	Mailing Address	P.O. BOX 509				
					VA	22216
	Relationship:		CITY 🔺		STATE A	ZIP CODE
8. D	esignated Agent: Identify			Joint Fundraising	Representa	tive Leadership PAC Sponsor
	Full Name					
	Mailing Address					
	Mailing Address					
	Mailing Address					
	Mailing Address	L				
		· · · · · · · · · ·		Telephone Nu		
sa	TITLE OR POSITION	es: List all banks or o		Telephone Nu	ımber	
sa	TITLE OR POSITION	es: List all banks or o		Telephone Nu	ımber	
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sa	TITLE OR POSITION	es: List all banks or o		Telephone Nu hich the committ	ımber	