

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

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FEC MAIL ROOM

2001 AUG 24 A 8:42

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Republicans for Phil Bradley

ADDRESS (number and street)

P O BOX 16538

(Check if address
is changed)

Greenville

SC

29606

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

08 20 2001

3. FEC IDENTIFICATION NUMBER ►

C

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

R R SUTHER, SR

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (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

Philip T. Bradley

Candidate
Party Affiliation

Rep

Office
Sought☒

House

Senate

President

State

SC

District

04

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

(d)

This committee is a

(National, State
or subordinate) committee of the(Democratic,
Republican, etc.) Party.

(e)

This committee is a separate segregated fund.

(f)

This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Republicans For Phil Bradley

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

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

The National Bank of South Carolina

Mailing Address

P.O. Box 1798

Sumter

SC

29151

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

☐ Hand Delivered☒ **First Class Mail**

8-22-08

☐ Registered/Certified Mail

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Date of Receipt

☐ Received from the Senate Office of Public Records

Date of Receipt

☐ Other (Specify):

Postmarked

end/or Date of Receipt

☐ **Electronic Filing**

PREPARER

DATE PREPARED