

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

12 DEC 27 PM 3:40

Office Use Only

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

12FE4M5

TIM SCOTT FOR SENATE

ADDRESS (number and street) 1405 ASHLEY RIVER ROAD

(Check if address is changed) CHARLESTON SC 29407

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) BRIAN@VOTETIMSCOTT.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) WWW.VOTETIMSCOTT.COM

2. DATE 12 / 17 / 2012

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 STACY E. WIGGINS

Signature of Treasurer [Signature] Date 12 / 17 / 2012

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.

12021309026

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 TIM SCOTT

Candidate Party Affiliation REP Office Sought: House Senate President State SC District

- (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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

1202130027

Write or Type Committee Name

TIM SCOTT FOR SENATE

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

STACY E. WIGGINS

Mailing Address

1405 ASHLEY RIVER ROAD

[Empty grid lines for address]

CHARLESTON

SC

29407

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

843

556

5567

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

STACY E. WIGGINS

Mailing Address

1405 ASHLEY RIVER ROAD

[Empty grid lines for address]

CHARLESTON

SC

29407

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

843

556

5567

12021500028

Full Name of Designated Agent

BRIAN GOFF

Mailing Address

1405 ASHLEY RIVER ROAD

[Empty address line]

CHARLESTON

SC

29407

CITY

STATE

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

843

556

5567

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 FEDERAL BNANK

Mailing Address

855 SAVANNAH HWY

[Empty address line]

CHARLESTON

SC

29407

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty name line]

Mailing Address

[Empty address line]

[Empty address line]

[Empty city line]

[Empty state line]

[Empty zip line]

CITY

STATE

ZIP CODE

12021300029

7578
~~2/24/11~~

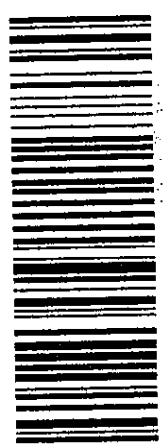
RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

12 DEC 27 PM 3:40

STACY E. WIGGINS, CPA, PC.
1409 Ashley River Road • Charleston, SC 29410

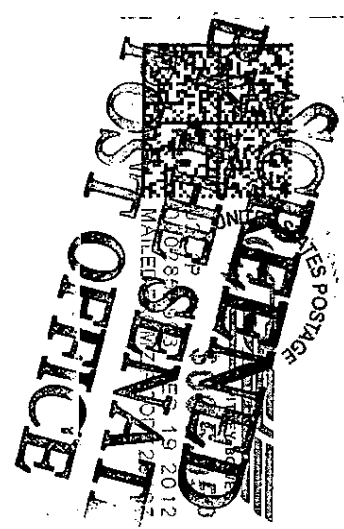


CERTIFIED MAIL™



7011 3500 0002 9420 6448

RETURN RECEIPT
REQUESTED



Senate Office of Public Records
Attn: Secretary of the Senate
PO Box 77578
Washington, DC 20013-7578
20013X7578

02000512021

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED 12-19-12
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 12-27-12

12021300021

1292130032

