PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Tomorrow is Meaningful PAC-TIM PAC P.O. Box 347 ADDRESS (number and street) (Check if address is changed) Haymarket 20168 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS JennDeCasper@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00495887 FEC IDENTIFICATION NUMBER > 3. X 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. Jennifer DeCasper Type or Print Name of Treasurer Jennifer DeCasper [Electronically Filed] 09 2014 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) Only

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.)	
	1-1- H P. C.
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complining information below.)	lete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	Dama ana!!-
	Democratic, lepublican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1.	
2. FEC ID number C	
2. FEC ID number C 3. FEC ID number C	

FEC Form 1 (Revised (02/2000)	 Page 3
Write or Type Committee Name		i age 3
	eaningful PAC-TIM PAC	
	Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
TIMOTHY E SCOTT	Signification, stilliated Committee, South Fundausing Represen	native, or reduce strip i no oponisor
Mailing Address	1405 ASHLEY RIVER RD	
	CHARLESTON S	C 29407
	CITY ST	TATE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Rep	resentative X Leadership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position o	f the person in possession of committee
Jennifer D	veCasper	
Full Name	P.O. Box 347	
Mailing Address		
	Haymarket	/A , ,20168 , ,
	riayinanet v	
Title or Position	CITY STA	TE ZIP CODE
Treasurer	Telephone number	202 - 375 - 4663
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the comassistant treasurer).	nmittee; and the name and address of
Full Name Jennifer De	eCasper	ı
of Treasurer	ID O. Poy 247	
Mailing Address	P.O. Box 347	
		/A 20168 - -
Title or Position , Treasurer	CITY STA	TE ZIP CODE
<u> </u>	Telephone number	

1 20 1 011	m 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I	r Depositories: List all banks or other depositories in which the committee deposits funds, oxes or maintains funds. Depository, etc.	
safety deposit bo	Depository, etc. BB&T 15000 Heathcote Blvd.	169
safety deposit be Name of Bank, I	Depository, etc. BB&T 15000 Heathcote Blvd.	
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Safety deposit be Name of Bank, I Mailing Address	Depository, etc. BB&T 15000 Heathcote Blvd. Haymarket CITY STATE Depository, etc.	169
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