06/09/2022 21 : 33

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48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

Transaction ID: 6FA66B442ABA6431: CITY STATE ZIP CODE Occupation CUMBERLAND MD 21502-2713 CEO MULTIPLE HEALTHCARE COM B. FULL NAME DITTMER, HAROLD, , , WELLHEAD Transaction ID: 6FA66B442ABA6431: Discreption CEO MULTIPLE HEALTHCARE COM Date (month, day, year)	nt 2900.00
CHARLESTON 2. NAME OF CANDIDATE SCOTT, TIMOTHY, E., , Senate SC 3. OFFICE SOUGHT (State and District) Senate SC C00540302 5. IS THIS AN AMENDMENT? A. FULL NAME FREAS, DUSTIN, , MAILING ADDRESS 700 WASHINGTON ST CITY STATE CITY STATE CUMBERLAND MD 21502-2713 CEO MULTIPLE HEALTHCARE COM Name of Employer SELF Transaction ID: 6FA66B442ABA6431: CEO MULTIPLE HEALTHCARE COM Name of Employer WELLHEAD Date (month, day, year) 06/08/2022 Date (month, day, year) 06/08/2022	
2. NAME OF CANDIDATE SCOTT, TIMOTHY, E., , Senate SC C00540302 5. IS THIS AN AMENDMENT? X NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME FREAS, DUSTIN, , MAILING ADDRESS 700 WASHINGTON ST CITY STATE CUMBERLAND MD 21502-2713 SFULL NAME CUMBERLAND Name of Employer CUMBER, HAROLD, , , Name of Employer WELLHEAD A. FULL NAME CO0540302 YES, IT AMENDS THE NOTICE FILED ON /	
SCOTT, TIMOTHY, E., , Senate SC C00540302 5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME FREAS, DUSTIN, , MAILING ADDRESS 700 WASHINGTON ST CITY STATE ZIP CODE Occupation CUMBERLAND MD 21502-2713 CEO MULTIPLE HEALTHCARE COM Name of Employer WELLHEAD Date (month, day, year) O6/08/2022 Date (month, day, year) Amount of Employer WELLHEAD Date (month, day, year)	
A. FULL NAME FREAS, DUSTIN, , , MAILING ADDRESS 700 WASHINGTON ST Transaction ID : 6FA66B442ABA6431: CITY STATE CUMBERLAND MD 21502-2713 CEO MULTIPLE HEALTHCARE COM Name of Employer WELLHEAD Date (month, day, year) Date (month, day, year) Amount MD Amount Amount May, year)	
FREAS, DUSTIN, , , MAILING ADDRESS 700 WASHINGTON ST CITY STATE CUMBERLAND MD 21502-2713 Name of Employer WELLHEAD DITTMER, HAROLD, , ,	
Transaction ID: 6FA66B442ABA6431: CITY STATE ZIP CODE Occupation CUMBERLAND MD 21502-2713 CEO MULTIPLE HEALTHCARE COM B. FULL NAME DITTMER, HAROLD, , , WELLHEAD Transaction ID: 6FA66B442ABA6431: Discreption CEO MULTIPLE HEALTHCARE COM Date (month, day, year) Amount Amount Amount Amount Amount Difference of Employer WELLHEAD	2900.00
CITY STATE ZIP CODE Occupation CUMBERLAND MD 21502-2713 CEO MULTIPLE HEALTHCARE COM B. FULL NAME DITTMER, HAROLD, , , WELLHEAD Date (month, day, year)	
CUMBERLAND MD 21502-2713 CEO MULTIPLE HEALTHCARE COM B. FULL NAME DITTMER, HAROLD, , , Name of Employer WELLHEAD Date (month, day, year) Amount	
DITTMER, HAROLD, , , day, year)	
	it
650 BERCUT DR	5800.00
STE C Transaction ID : 6DA9B28617ADC437 CITY STATE ZIP CODE Occupation	
SACRAMENTO CA 95811-0100 PRESIDENT	
Great which is a second of the	+
SMITH, HEATHER, , , Name of Employer Date (month, day, year) Name of Employer THE SOUTHERN GROUP	ı
MAILING ADDRESS 412 OLD WOODLANDS RD Transaction ID: 6F9BDA0F0251C4025	1000.00
CITY STATE ZIP CODE Occupation	
COLUMBIA SC 29209-1520 PARTNER LOBBYIST	
D. FULL NAME Name of Employer SELF Date (month, day, year)	t
MAILING ADDRESS 700 WASHINGTON ST	2900.00
Transaction ID: 6FB342C7B68D743D	
CITY STATE ZIP CODE Occupation	
CUMBERLAND MD 21502-2713 CEO MULTIPLE HEALTHCARE COM	
BENNETT, JAMES, A., , Name of Employer FIRST CITIZENS BANK Date (month, day, year)	t
110 SPRING VALLEY RD	1000.00
Transaction ID: 62B5ECAD9A129452	
CITY STATE ZIP CODE Occupation	
COLUMBIA SC 29223-5926 VP	
SIGNATURE (optional) WIGGINS, STACY, , , [Electronically Filed] DATE 06/09/2022 For further information cont Federal Election Commissio 999 E Street, NW, Washington, DC Toll Free 800-424-9530, Local 202-6	

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.



: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F6N Transaction ID:

ACCORDING TO FEC REGULATIONS, THE THRESHOLD AMOUNT FOR FORM 6 IS \$1,000.00

Form/Schedule: Transaction ID:

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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1. NAME OF COMMITTEE IN FULL			
TIM SCOTT FOR SENATE		1	
ADDRESS (number and street) 1405 ASHLEY RIVER RD			
CITY, STATE, and ZIP CODE		-	
CHARLESTON	SC 29407-5305	continuation	on page
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	ON NUMBER
SCOTT, TIMOTHY, E., ,	Senate SC	C00540302	
5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PAC)		day, year) 06/08/2022	5000.00
1201 15TH STREET NW		00/00/2022	0000.00
SUITE 400	Transaction ID: 668BC03436BF3465	CA6F	
WASHINGTON DC 20005-2899	Occupation		
	Name of Frankrian	Date (month,	Amount
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	day, year)	Amount
	Occupation		
C FILL NAME MAILING ADDRESS AND 7ID CODE	Name of Frankrian	Date (month,	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	day, year)	Amount
	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation	_	
	·		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation	4	
	Occupation		
		1	1