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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.

| 1. NAME OF COMMITTEE IN FULL<br>TIM SCOTT FOR SENATE |                             |                        |                                       |                            |   |                            |         |
|--|-----------------------------|------------------------|---------------------------------------|----------------------------|---|----------------------------|---------|
| ADDRESS (number and street) 1405 ASHLEY RIVER RD     |                             |                        |                                       |                            |   |                            |         |
| CITY STATE<br>CHARLESTON SC                          |                             |                        | 2                                     | 2940                       | e<br>7-5305   |                            |         |
| 2. NAME OF CANDIDATE                                 |                             |                        | 3. OFFICE SOUGHT (State and District) |                            | 4. FEC IDENTIFICATION NUMBER  |                            |         |
| SCOTT, TIMOTHY, E., ,                                | Senate SC                   |                        | C00540302                             |                            |   |                            |         |
| 5. IS THIS AN AMENDMENT?                             | NO, THIS IS A NEW           | / FILING               | YES, IT AMEND                         | S THE I                    | NOTICE FILED ON   | /                          | /       |
| A. FULL NAME<br>STEINLAGE, ROBERT J, , ,             |                             |                        | Name of Employer<br>RETIRED           |                            | Date (month,<br>day, year)  | Amount                     |         |
| MAILING ADDRESS<br>525 BIRCH ST                      |                             |                        | Transaction ID : 6494E0D0CD56C41B     |                            | 05/30/2022  | 2710.00                    |         |
| CITY   | STATE                       | ZIP CODE               | Occupation                            |                            |   |                            |         |
| EUDORA   | кs                          | 66025-9520             | RETIRED                               |                            |   |                            |         |
| B. FULL NAME<br>ARMSTRONG, NC                        | Name of Employer<br>RETIRED |                        |                                       | Date (month,<br>day, year) | Amount  |                            |         |
| MAILING ADDRESS                                      |                             |                        | -                                     |                            |   | 05/30/2022                 | 2900.00 |
| 94 LA LOMA DR  |                             |                        | Transaction ID : 6CCF340619188467E    |                            |   |                            |         |
| CITY   | STATE                       | ZIP CODE               | Occupation                            |                            |   |                            |         |
| MENLO PARK   | СА                          | 94025-6621             | RETIRED                               |                            |   |                            |         |
| C. FULL NAME<br>ARMSTRONG, NO                        | Name of Employer<br>RETIRED |                        |                                       | Date (month,<br>day, year) | Amount  |                            |         |
| MAILING ADDRESS<br>94 LA LOMA DR                     |                             |                        | 05/30/2022                            | 2900.00                    |   |                            |         |
|  |                             |                        | Transaction ID : 6E3F45E1A0E384D80    |                            |   |                            |         |
| CITY   | STATE                       | ZIP CODE               | Occupation                            |                            |   |                            |         |
| MENLO PARK   | CA                          | 94025-6621             | RETIRED                               |                            |   |                            |         |
| D. FULL NAME<br>SALMONSEN, CH                        | Name of Employer<br>SELF    |                        | Date (month,<br>day, year)            | Amount                     |   |                            |         |
| MAILING ADDRESS<br>2408 MAJESTIC ROSES CT            |                             |                        |                                       | 05/30/2022                 | 1000.00   |                            |         |
|  |                             |                        | Transaction ID : 69968C01F585A4435    |                            |   |                            |         |
|  | STATE                       | zip code<br>29464-3948 | Occupation                            |                            |   |                            |         |
| MOUNT PLEASANT                                       | SC                          |                        | REAL ESTSTE                           |                            |   |                            |         |
| E. FULL NAME   |                             |                        | Name of Employer                      |                            |   | Date (month,<br>day, year) | Amount  |
| MAILING ADDRESS                                      |                             |                        | -                                     |                            |   |                            |         |
| СІТҮ   | STATE                       | ZIP CODE               | Occupation                            |                            |   |                            |         |
| SIGNATURE (optional)<br>WIGGINS, STACY, , ,          |                             |                        | [Electronically Filed]                |                            | For further information contact:<br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                            |         |



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=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F6N Transaction ID :

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

Form/Schedule: Transaction ID: