11/05/2022 21 : 47

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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 TIM SCOTT FOR SENATE								
ADDRESS (number and stree	et) 1405 ASHLEY RIV	ER RD						
CITY STATE CHARLESTON SC					ZIP COL	DE 07-5305		
2. NAME OF CANDIDATE				3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATIO	N NUMBER
SCOTT, TIMOTHY, E., ,				Senate SC			C00540302	
5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW FILING				YES, IT AMEN	DS THE	NOTICE FILED ON	/	/
A. FULL NAME NUTTER, FRANKLIN, , ,				Name of Employer REINSURANCE ASSOC OF AMERICA			Date (month, day, year)	Amount
MAILING ADDRESS 1442 HARVEST CROSSING DR				Transaction ID : 6071AA3410BBA43A			11/03/2022	1000.00
CITY	ITY STATE ZIP		DE	Occupation				
MC LEAN	VA 22101		1	ATTORNEY				
B. FULL NAME MUIR, JEFF, , ,				Name of Employer FULCRUM EQUITY PARTNERS			Date (month, day, year)	Amount
MAILING ADDRESS 5125 MARBURY CIRCLE				Transaction ID : 68801ED3ADA724850			11/03/2022	2871.00
CITY STATE ZIP CODE			Occupation					
ΛΤΙ ΛΝΙΤΛ	A GA 30327		7	BUSINESS				
ATLANTA GA 30327 C. FULL NAME				Name of Employer			Date (month,	Amount
HYER, RAYMOND, T, ,				NOT PROVIDED			day, year)	Amount
MAILING ADDRESS 4129 SALTWATER BLVD				Transaction ID: 6C6AAF512E2F64FA			11/03/2022	1000.00
CITY	STATE ZIP CODE		DE	Occupation				
TAMPA	FL 33615-5638		5-5638	NOT PROVIDED				
POTACK, MICHAEL, R., ,				Name of Employer INFORMATION REQUESTED			Date (month, day, year)	Amount
MAILING ADDRESS 25 HARVEST DR				-			11/03/2022	1000.00
25 HARVEST DR				Transaction ID: 61E52435F47114CAB				
CITY	STATE	ZIP CO	CODE	Occupation				
SCARSDALE	NY	NY 1058		INFORMATION REQUESTED				
E. FULL NAME DAVIS, WILLIAM, , ,				Name of Employer RETIRED			Date (month, day, year)	Amount
MAILING ADDRESS 8 OCEAN COURSE DR							11/03/2022	1000.00
CITY STATE ZIP CODE			DF	Transaction ID : 6EA3D9CB6172043A				
JOHNS ISLAND	SC	2945	5-5900	RETIRED		DATE		
SIGNATURE (optional) WIGGINS, STACY, , ,				[Electronically 1	ally Filed] DATE 11/05/2022 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 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 = 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: