10/27/2022 13:49

Image# 202210279541864245 PAGE 1/3

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.

NAME OF COMMITTEE IN FUI TIM SCOTT FC								
ADDRESS (number and street)	1405 ASHLEY RIV	ER RD						
CITY			STATE		ZIP COI	DE		
CHARLESTON SC			SC	29407-5305				
2. NAME OF CANDIDATE			3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATION	ON NUMBER	
SCOTT, TIMOTHY, E., ,			Senate SC			C00540302		
5. IS THIS AN AMENDMENT?	X NO, THIS IS A N	NEW FILING		YES, IT AME	NDS THE	NOTICE FILED ON	/	/
A. FULL NAME	N N /I			Name of Emp	loyer		Date (month, day, year)	Amount
ADELSON, MIRIAM, , ,				-				2000.00
MAILING ADDRESS 410 S RAMPART BLVD STE 440				Transaction ID : 66B0134445E454B5F			10/25/2022	2900.00
CITY	STATE	ZIP C	ODE	Occupation				
LAS VEGAS	NV	8914	15-5749	PHYSICIAN				
B. FULL NAME OGLE, DONNA, , ,			Name of Employer RETIRED			Date (month, day, year)	Amount	
MAILING ADDRESS 2845 E LITTLE COTTON	<u> </u>			_			10/25/2022	5446.00
2845 E LITTLE COTTON	WOOD RD			Transaction	ID : 61	F78042F81054015 <i>l</i>		
CITY	STATE	ZIP C	ODE	Occupation				
SANDY	UT	840	92-3467	RETIRED	RETIRED			
C. FULL NAME CARTER, DARYL, J, ,			Name of Employer AVARATH CAPITAL			Date (month, day, year)	Amount	
	_, J, ,			-	J/ (1 11/ (_	2.2	2000.00
MAILING ADDRESS 1920 MAIN ST				Transaction ID : 6E100FD218BB244E			10/25/2022	2900.00
STE 130 CITY	STATE	ZIP C	ODE	Occupation				
IRVINE	CA	926	14-7209	CEO CHAIF	RMAN			
D. FULL NAME	I			Name of Emp			Date (month,	Amount
MEANS, CHANDLER, , ,			AGAPE			day, year)		
MAILING ADDRESS 4223 COLUMBIA PIKE						10/25/2022	1000.00	
4223 COLONDIA I INC				Transaction	ID : 6F	1E16F1F7AA44BFI		
CITY	STATE	ZIP C	ODE	Occupation				
FRANKLIN	TN	370	64-9683	CEO				
E. FULL NAME STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL PAC (STATE FARM FEDERAL PAC)			Name of Employer			Date (month, day, year)	Amount	
MAILING ADDRESS 1 STATE FARM PLZ			-			10/25/2022	1000.00	
C/O MARK SCHWAMBERGER, TREASURER,				Transaction ID: 62FF7EC1613124A46				
CITY	STATE	ZIP C	ODE	Occupation				
BLOOMINGTON	IL	617	10-0001					
SIGNATURE (optional)	1	1		-		DATE 40/07/0000	For further	information contact:
WIGGINS, STACY, , ,			[Electronically Filed] 10/27/2022		Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100			
							1011 Free 800-424	1-9000, LOCAI 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:

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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1. NAME OF COMMITTEE IN FULL TIM SCOTT FOR SENATE			
ADDRESS (number and street) 1405 ASHLEY RIVER RD		_	
THOU NOTICE THE ENTRY			
CITY, STATE, and ZIP CODE		Continuation	n nogo
CHARLESTON	SC 29407-5305	continuatio	<u> </u>
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 AMENDS THE NOTICE FILED ON	/	<i></i>
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
SQUIRE PATTON BOGGS PAC		day, year)	
OFFO M OT NIM		10/25/2022	1000.00
2550 M ST NW	Transaction ID : 67376F3D5EF6146	DCASE	
	Occupation	DCA25	
WASHINGTON DC 20037-			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
REYNOLDS AMERICAN INC. POLITICAL ACTION		day, year)	
COMMITTEE (RAI PAC)		10/25/2022	5000.00
PO BOX 718			
	Transaction ID : 63BC3F6E2D4D14	C18A9A	
WINSTON SALEM NC 27102-0	Occupation		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
	Tame of Employer	day, year)	
	Occupation		