

# 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.

<b>1. NAME OF COMMITTEE IN FULL</b> TIM SCOTT FOR SENATE			
ADDRESS (number and street) 1405 ASHLEY RIVER RD			
CITY CHARLESTON	STATE SC	ZIP CODE 29407-5305	
<b>2. NAME OF CANDIDATE</b> SCOTT, TIMOTHY, E., ,		<b>3. OFFICE SOUGHT</b> (State and District) Senate SC	
		<b>4. FEC IDENTIFICATION NUMBER</b> C00540302	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> GRAVES, MARY, , ,			
MAILING ADDRESS 3746 HADLEY HILL DR		Name of Employer RETIRED	
CITY SANTA ROSA	STATE CA	ZIP CODE 95404-7681	Date (month, day, year) 05/29/2022
		Amount 1000.00	
		Transaction ID : 6BC6E69A4C06F4738	
		Occupation RETIRED	
<b>B. FULL NAME</b> HOWE, DEBRA, , ,			
MAILING ADDRESS 12173 PLANTATION WAY		Name of Employer INFORMATION REQUESTED	
CITY PALM BEACH GARDENS	STATE FL	ZIP CODE 33418-1570	Date (month, day, year) 05/29/2022
		Amount 2000.00	
		Transaction ID : 6358026EA0E2F4574	
		Occupation INFORMATION REQUESTED	
<b>C. FULL NAME</b>			
MAILING ADDRESS		Name of Employer	
CITY	STATE	ZIP CODE	Date (month, day, year)
		Amount	
		Occupation	
<b>D. FULL NAME</b>			
MAILING ADDRESS		Name of Employer	
CITY	STATE	ZIP CODE	Date (month, day, year)
		Amount	
		Occupation	
<b>E. FULL NAME</b>			
MAILING ADDRESS		Name of Employer	
CITY	STATE	ZIP CODE	Date (month, day, year)
		Amount	
		Occupation	
<b>SIGNATURE (optional)</b> WIGGINS, STACY, , ,		<b>DATE</b> 05/30/2022	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
		[Electronically Filed]	

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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.

**FEC FORM 6**  
(Revised 03/2016)

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F6N  
Transaction ID :

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

Form/Schedule:  
Transaction ID: