

# 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> STENGER, MARY, , ,		Name of Employer RETIRED	Date (month, day, year) 11/05/2022
MAILING ADDRESS 66 MILTON RD K41		Amount 1000.00	
CITY RYE	STATE NY	ZIP CODE 10580	Transaction ID : 6A9A114056FB14F2F
		Occupation RETIRED	
<b>B. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
<b>C. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
<b>D. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
<b>E. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS			Amount
CITY	STATE	ZIP CODE	Occupation
<b>SIGNATURE (optional)</b> WIGGINS, STACY, , ,		<b>DATE</b> 11/07/2022	<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.

: 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: