

# 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> RAHAL, ROBERT, , ,			
MAILING ADDRESS 153 PLANTATION CIR		Name of Employer RETIRED	
CITY PONTE VEDRA BEACH		Date (month, day, year) 10/22/2022	
STATE FL		Amount 1000.00	
ZIP CODE 32082-3922		Occupation RETIRED	
Transaction ID : 63A1B41A0895B4AA			
<b>B. FULL NAME</b>			
MAILING ADDRESS		Name of Employer	
CITY		Date (month, day, year)	
STATE		Amount	
ZIP CODE		Occupation	
<b>C. FULL NAME</b>			
MAILING ADDRESS		Name of Employer	
CITY		Date (month, day, year)	
STATE		Amount	
ZIP CODE		Occupation	
<b>D. FULL NAME</b>			
MAILING ADDRESS		Name of Employer	
CITY		Date (month, day, year)	
STATE		Amount	
ZIP CODE		Occupation	
<b>E. FULL NAME</b>			
MAILING ADDRESS		Name of Employer	
CITY		Date (month, day, year)	
STATE		Amount	
ZIP CODE		Occupation	
<b>SIGNATURE (optional)</b> WIGGINS, STACY, , ,		<b>DATE</b> 10/24/2022	
[Electronically Filed]		<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	

--	--	--

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: