

SECRETARY OF THE SENATE

14 MAY 14 PM 1:51

May 9, 2014

Senate Office of Public Records Secretary of the Senate 232 Hart Senate Office Building Washington, DC 20510

Re: Ti

Tim Scott for Senate

Committee ID # C00540302

Dear Madam Secretary:

Enclosed please find the following forms:

- 1) AMENDED Form FE1, Statement of Organization (to include two new affiliated committees/joint fundraising committees.)
- 2) AMENDED Form FE2, Statement of Candidacy (to included two new affiliated committees/joint fundraising committees.)
- 3) AMENDED Form FE3, Report of Receipts and Disbursements for 1st Quarter 2014 (to show redesignation of contribution from the PAC of the American Association of Orthopaedic Surgeons). I have only included pages 1-4 (no changes) and page 282 of the report showing the changes to the original report. If you need the full 409 page report, I will send it to you upon request.

If you have any questions or concerns, please contact me at (843) 556-5567.

Sincerely

tacy E. Wiggins

Treasurer

Enclosures

4020354408

STATEMENT OF **ORGANIZATION**

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SECRETARY OF THE SENATE

PONIVI I			14 FAY 14 PM 1:51 Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Tim Scott for Ser	nate		
ADDRESS (number and street)	1405 Ashley River Road		
(Check if address			
is changed)	Charleston		SC , 29407-5305 , , ,
	CITY▲		STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ree		211 0002
(Check if address	stacy@sewcpa.com		
is changed)	Li L		
	Optional Second E-Mail Ad brian@votetimscott.		
	bilan@votetiniscott.		
COMMITTEE'S WEB PAGE ADI			
(Check if address is changed)	WWW.VOTETIMSCOTT.COM	M <u> </u>	
	1		i
2. DATE 12 17	, 2012		
3. FEC IDENTIFICATION NU	IMBER ► C C	00540302	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasurer	Stacy E. Wiggins		
Signature of Treasurer Stacy I	E. Wiggins		Date 05 09 2014
NOTE: Submission of false, errone	ous, or incomplete information of ANY CHANGE IN INFORMATION	may subject the person signing th ON SHOULD BE REPORTED WI	is Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

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5.			COMMITTEE	****
	Can		e Committee:	
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name Cand		Timothy E. Scott	1
	Cand Party	idate Affiliatio	on REP Office State Senate President	SC 00
	(c)	F	District This committee supports/opposes only one candidate, and is NOT an authorized committee.	
		لتعطا	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Part	v Com	nmittee:	
	(d)		(National, State ' (Democratic, This committee is a committee of the Republican, e	itc.) Party.
	Dalit	inal A	ction Committee (PAC):	
		icai A	·	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organi	zation is a:
			Corporation Corporation w/o Capital Stock Labor Organ	nization
			Membership Organization Trade Association Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
			thread the second secon	
J	loint	Funda	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more policommittees/organizations, at least one of which is an authorized committee of a federal candidate.	tical
(1	٦)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more policommittees/organizations, none of which is an authorized committee of a federal candidate.	tical
			mittees Participating in Joint Fundraiser	
		Comm	ייני בייני איני איני איני און איני איני איני איני איני איני איני אינ	edwale er j
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		2.	FEC ID number C	
		3.		
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		4.		-2

FEC POINT I (Revise	0 02/2009)	Page 3
Write or Type Committee Na	me	
Tim Scott for S	Senate	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Scott Capito Rounds		
Section 6 delegan	901 N Washington Street	
Mailing Address	Suite 700	
	Alexandria VA 22314-153	35
	CITY STATE 2	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee X Joint Fundraising Representative Lead	lership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in poss	ession of committee
Stacy E.	Wiggins	1
	1405 Ashley River Road	
Mailing Address		
		<u></u>
	Charleston SC 29407-530	<u>- </u>
Title or Position	CITY STATE Z	IP CODE
Treasurer	Telephone number 43 55	5567
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name Stacy E. 1	Wiggins	
Mailing Address	1405 Ashley River Road	
	Charleston	5 ₁
Title or Desiries	CITY STATE ZII	P CODE
Title or Position Treasurer	Telephone number 55	6 - 5567
		1

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FEC Form 1S (Revised	06/2011)		Page 5
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ains funds.	tee deposits fur	ids, holds accounts, rents
<u>LBB&T</u>			
Mailing Address	1909 K Street NW		
	<u> </u>		
	Washington	DC	20006-1152
	CITY 🕭	STATE 4	ZIP CODE 🛕
	ganization, Affiliated Committee, Joint Fundraising Repr	esentative, or l	[ADDITIONAL] eadership PAC Sponsor
Barrasso Scott Victor	y Fulla -		
			
Mailing Address	901 N Washington Street		
	Suite 700	1 1 1 1 1	
	Alexandria	LVA	22314-1535
Relationship:	CITY ≜	STATE 4	ZIP CODE
Connected Organization	Affiliated Committee Solution Joint Fundraising Representation	esentative	Leadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Maillean Addance		· · · · · · · · · · · · · · · · · · ·	
Mailing Address			
			
Title or Position ₩	CITY &	STATE	ZIP CODE
	Telephone	number	
Joint Fundraiser Participant		-	[ADDITIONAL]
	FEC	ID number	
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FEC Form 1S (Revised (06/2011)		Page 6
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.	ee deposits fund	ds, holds accounts, rents
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Mailing Address	600 N Washington Street		
	Alexandria	لٹ	22314-1914
	CITY 🗖	STATE 4	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Joint Fundraising Repre	sentative, or L	[ADDITIONAL] eadership PAC Sponsor
	228 S Washington Street		
Mailing Address			
	Suite 115		
	Atexandria	L ^{VA}	22314-5404
Relationship:	CITY.	STATE	ZIP CODE
Connected Organization	Affiliated Committee Affiliated Committee	sentative	Leadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name	1111111111111		
Mailing Address			
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Title or Position ♥	CITY 🌢	STATE	ZIP CODE
	Telephone	number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC I	D number	;

	sed 06/2011)		Page 7
Banks or Other Deposito safety deposit boxes or ma			
Name of Bank, Depository	, etc.		[ADDITIONAL]
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Mailing Address			
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	CITY 🙇	STATE 4	ZIP CODE 🛕
Name of Any Connected	Organization, Affiliated Committee, Joint Fundraisir	- Department of the section of the s	[ADDITIONAL
Restore Our Majori		ig Representative, or Lead	ersnip PAC Sponsor
	<u> </u>	<u> </u>	
11111111	<u> </u>	<u> </u>	
Mailing Address	228 S Washington Street		
	Suite 115		
			<u> </u>
	Alexandria	VA L	2314-5404 L
ationshin:	Alexandria CITY	VA L ² STATE♣	2314-5404 L ZIP CODE 4
ationship: Connected Organization	CITY	STATE A	
•	CITY	STATE A	ZIP CODE 🏝
Connected Organization	CITY	STATE A	ZIP CODE 4
Connected Organization Designated Agent	CITY	STATE A	ZIP CODE 4
Connected Organization Designated Agent Full Name	CITY	STATE A	ZIP CODE
Connected Organization Designated Agent Full Name	CITY	STATE A	ZIP CODE
Connected Organization Designated Agent Full Name	CITY	STATE A	ZIP CODE 4
Connected Organization Designated Agent Full Name Mailing Address	CITY A Affiliated Committee Joint Fundraisin CITY A	STATE Lear	ZIP CODE 4
Connected Organization Designated Agent Full Name Mailing Address	CITY A Affiliated Committee Joint Fundraisin CITY A	STATE Lear	ZIP CODE 4

FEC Form 1S (Revised	106/2011)		Page 8
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Mailing Address			
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	CITY 🙇	STATE_	ZIP CODE 🛕
Name of Any Connected On Mississippi Majority C	ganization, Affiliated Committee, Joint Fundraising Rep	resentative, or L	[ADDITIONAL] eadership PAC Sponsor
Mailing Address	228 S Washington Street		
	Suite 115		
	Alexandria	J L'A	22314-5404
Relationship:	сіту	STATE	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising Repr	esentative	Leadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
		<u> </u>	
Title or Position	CITY &	STATE#	ZIP CODE 4
	Telephon	e number	
Joint Fundraiser Participant			[ADDITIONAL]
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FEC Form 1S (Revised	06/2011)			Page 9
Banks or Other Depositorles safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.	in which the committee	deposits fund	s, holds accounts, rents
لبب	<u> </u>		<u> </u>	
Mailing Address	<u> </u>			
			 	
	<u> </u>		ليا	
	CITY 🙇		STATE_	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Join ful PAC (TIMPAC)	t Fundraising Represe	ntative, or Le	[ADDITIONAL] adership PAC Sponsor
Mailing Address	209 Pennsylvania Avenue SE			
	Suite 2109	<u> </u>		
	Washington	لىسىا	DC	20003-1107
Relationship:	CITY &		STATE	ZIP CODE
Connected Organization	Affiliated Committee Join	nt Fundraising Represen	tative X L	eadership PAC Sponsor
Designated Agent				[ADDITIONAL]
Full Name				
Title or Position	CITY &		STATE	ZIP CODE &
		Telephone nu	mber	
Joint Fundraiser Participant			***	[ADDITIONAL]
		FEC ID n	umber C	

FEC Form 1S (Revised	d 06/2011)		Page 10
Banks or Other Depositorie safety deposit boxes or main Name of Bank, Depository, e	tains funds.	ich the committee deposits fun	ds, holds accounts, rents
<u> </u>			
Mailing Address		<u></u>	
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		ليا ليبي	<u> </u>
	CITY 🗻	STATE △	ZIP CODE 🛕
	rganization, Affiliated Committee, Joint Fun Victory Fund (SCDVF)	draising Representative, or L	[ADDITIONAL] eadership PAC Sponsor
Mailing Address	901 N Washington Street	<u> </u>	
	Suite 700		<u> </u>
	Alexandria	لگا لیبیا	22314-1535
Relationship:	CITY	STATE	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fun	draising Representative	Leadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address		·	
Title or Position	CITY &	STATE#	ZIP CODE 4
		Telephone number	
Joint Fundralser Participant			[ADDITIONAL]
1	<u> </u>	FEC ID number	

FEC Form 1S (Revised	06/2011)			Page 11
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.	th the committee	e deposits fund	s, holds accounts, rents
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Mailing Address	<u> </u>			
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	<u> </u>	لبب	لــا	<u> </u>
	CITY 🛕		STATE _	ZIP CODE 🛕
Name of Any Connected Org 2014 Senators Classic LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	anization, Affiliated Committee, Joint Fundrec Committee 228 S Washington Street Suite 115 Alexandria	raising Repres	entative, or Le	[ADDITIONAL] adership PAC Sponsor 22314-5404 ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundr	raising Represe	ntative L	eadership PAC Sponsor
Designated Agent			*	[ADDITIONAL]
Full Name				
Title or Position ₩	CITY &	Telephone n	STATE	ZIP CODE 4
Joint Fundraiser Participant				[ADDITIONAL]
		FEC ID	number C	

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Extremely Urgent

And appropriate 20

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5/9/2014

From: (843) 556-5567 Stacy Wiggins STACY E. WiGGINS, CPA, PC 1409 Ashley River Road

Fed Ext.

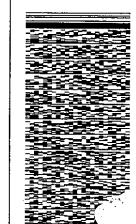
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Charleston, SC 29407

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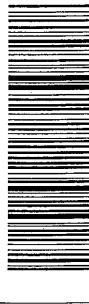
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United States Senate

DANA K MCCALLUM SUFERHITEIDENT

HAN JATE DIFITE BUILD SUITE 232 WASHINGTON, DC 20510-71 PROPE [202] 224-0322

OFFICE OF THE SECRETARY

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Date of Receipt or Postmark DATE PREPARED DATE PREPARED
PREPARER



