1409 Ashley River Road Charleston, SC 29407 843.556.5567; 843.556.4456 (fax)



14 0CT 30 PM 2: 30



To:	Secr	Secretary of the Senate 202-224-1851		From:	Stacy E. Wiggins, CPA 2 (including cover)		
Fax:	202-			Pages			
Phone:	202-	224-0322		Date:	10/30/2014		
Re:	Tim	Scott for Senate C0	0540302	CC:	[Click here and type	Click here and type name]	
	Fort	n FE6, Dtd. 29Oct20)14				
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Com	ment	ts:	,			· · · · · · · · · · · · · · · · · · ·	
Dear S	Sir/M	ladam:					
Pieas: ackno	e fin	d a copy of our l	iorm FE6, da number (843)	ted Octo	ber 29, 2014 atta 56, or email to sta	ached, Please ser acy@sewcpa.com.	

Thanks,

Stacy E. Wiggins, CPA

843-556-5567

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CONTRIBUTIONS/LOANS RECEIVED, OCT 30 PK 2: 30

48 HOUR NOTICE OF SECRE SENATE

(See	14 ULT 30 Ph 2: 30					
To be used to report all contributions (including loans) of \$1000 or more, ret	saived within 20 days of (he election.	_			
NAME OF COMMITTEE IN FULL Tim Scott for Senate						
						
ADDRESS (number and atreet) 1405 Ashley River Road			1			
CITY, STATE, and ZIP CODE			7			
Charleston	SC 2940	07-5305				
2. NAME OF CANDIDATE	3, OFFICE SOUGHT (S	•	4, FEC (DENTIFICATION NUMBER			
Timothy E. Scott	Senate	SC 00	C00540302			
6. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON				
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount		
Jane K Kruse Skatell	Self		Gay, year)			
			10/29/2014	1000		
1036 Johnnie Dodds Boulevard	Yransaction ID : 15	242000	1			
	Occupation	343000	-			
Mt Pleasant SC 29464-6106	Real Estate					
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Dale (month,	Amount		
			day, year)			
	Occupation		-			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	····	Date (month,	Amount		
			day, year)			
	1					
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D, FULL NAME, MAILING ADDRESS AND ZIF CODE	Name of Employer		Date (month, day, year)	Amount		
			Guy, your)			
	Occupation		-			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount		
			Cay, year,			
	Occupation		\dashv			
SIGNATURE (optional)		DATE 10/30/2014		formation contact:		
Stacy Wiggins		10/30/20 14	989 E Street, NW.	ction Commission Washington, DC 20463		
			Toll Free 800-424-9	530, Local 202-694-1100		

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"N 9 DANA K MCCALLUM SUPERINTENDENT

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United States Senate

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