PAGE 1 / 6 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) TOMORROW IS MEANINGFUL PAC - FEDERAL 1409 ASHLEY RIVER RD ADDRESS (number and street) (Check if address is changed) **CHARLESTON** SC 29407 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS stacy@sewcpa.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2023 C00827519 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Wiggins, Stacy, , , Type or Print Name of Treasurer Wiggins, Stacy, , , [Electronically Filed] 03 80 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
Offig			Local 202-694-1100

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) 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. (Corinformation below.)	nplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Preside	State ent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a	emocratic, epublican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
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 s committee. (i.e., nonconnected committee)	egregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (h	Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1. [, , , , , , , , , , , , , , , , ,] C	
C	

Treasurer

_	_			
	FEC Form 1 (Revised 0	2/2009)		Page 3
V	Vrite or Type Committee Name			
	TOMORROW	IS MEANINGFUL PAC	- FEDERAL	
6.	Name of Any Connected Or SCOTT, TIMOTHY E	rganization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Sponsor
	Mailing Address	1405 ASHLEY RIVER RD		
		CHARLESTON	SC	29407
		CITY ▲	STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Represer	ntative Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number option	nal) and position of the pers	on in possession of committee
	Wiggins, St	cacy, , ,		
	Full Name			
	Mailing Address	1409 Ashley River Rd		
		Charleston	SC	29407
		CITY ▲	STATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	843 - 556 - 5567
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the committe	e; and the name and address of
	Full Name Wiggins, St	acv		
	of Treasurer	,,,,		
	Mailing Address	1409 Ashley River Rd		
		Charleston	SC SC	29407
		CITY ▲	STATE A	ZIP CODE ▲
	Title or Position ▼			

843

Telephone number

556

5567

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	ull Name of esignated	(101000 02/2000)		
	gent			
М	lailing Address			
Ti	itle or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
L		Telephone r	number	
		Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits t	funds, holds accounts, rents
Na	ame of Bank, D	epository, etc.		
		TRUIST BANK		
Ma	ailing Address	1962 SAM RITTENBERG BLVD		
		CHARLESTON	SC	29407
		CITY ▲	STATE ▲	ZIP CODE ▲
Na	ame of Bank, D	epository, etc.		
M	ailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

5(g) or ((h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
_				
6. N		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	TOMORROW IS N	MEANINGFUL PAC		
		1 1409 ASHLEY RIVER RD		
	Mailing Address			
		CHARLESTON	SC	29407
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8. D e	esignated Agent: Identify	by name, address (phone number – optional)		
		by hame, address (phone hamber optional)		
	Full Name			
	Full Name			
	Full Name			
	Full Name	CITY	STATE A	ZIP CODE A
	Full Name	CITY A	STATE A	
sa Na	Full Name _ _	CITY A Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
sa Na	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma lame of Bank, epository, etc.	CITY A Tele ies: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi		FEC ID number	С
1		FEC ID number	С
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TIM SCOTT VIC	TORY FUND		
	1405 ASHLEY RIVER ROAD		
Mailing Address			
	CHARLESTON		20407
	CHARLESTON	SC SC	29407
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join	t Fundraising Representa	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional) CITY CITY		
esignated Agent: Identification Full Name Mailing Address	ify by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A