Only

PAGE 1 / 6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. TIM SCOTT FOR AMERICA 1405 ASHLEY RIVER RD ADDRESS (number and street) (Check if address is changed) **CHARLESTON** 29407 SC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS STACY@SEWCPA.COM (Check if address is changed) Optional Second E-Mail Address | COMPLIANCE @ VOTETIMSCOTT. COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.VOTETIMSCOTT.COM (Check if address is changed) DATE 2023 C00540302 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, E,, Type or Print Name of Treasurer WIGGINS, STACY, E,, [Electronically Filed] 05 19 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

E	EC Form 1 (Revised 03/2022)	Page 2
	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. (Complete the cainformation below.)	andidate
	Name of Candidate SCOTT, TIMOTHY E., , ,	
	Candidate Party Affiliation REP Sought: House Senate President	State District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.	c.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization is a:
	Corporation Corporation w/o Capital Stock Labor Orga	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 fur committee. (i.e., nonconnected committee)	ınd 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 (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 for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Committees Participating in Joint Fundraiser	
	1 C	

	FEC Form 1 (Re	evised 02/2009)	Page <b>3</b>
٧	Vrite or Type Committee	e Name	
	TIM SCOT	T FOR AMERICA	
6.		cted Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
	TIM SCOTT VIC	CIORY FUND	
	Mailing Address	1405 ASHLEY RIVER ROAD	
		CHARLESTON	29407
	_	CITY ▲ STATE	ZIP CODE ▲
	Relationship: Con	nnected Organization Affiliated Organization Joint Fundraising Representation	sentative Leadership PAC Sponso
<del></del>	Custodian of Pacards	s: Identify by name, address (phone number optional) and position of the pe	orson in possession of committee
۲.	books and records.	3. Identity by hame, address (phone humber optional) and position of the pe	erson in possession of committee
	WIG	GGINS, STACY, E, ,	
	Full Name		
	Mailing Address	1409 ASHLEY RIVER ROAD	
	Mailing Address		
		CHARLESTON	29407-5305
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	TREASURER		843     556     5567
		Telephone number	
8.		ame and address (phone number optional) of the treasurer of the comm (e.g., assistant treasurer).	ittee; and the name and address of
	Full Name WIC	GGINS, STACY, E, ,	
	of Treasurer		
	Mailing Address	1409 ASHLEY RIVER ROAD	
	Walling Address		
		CHARLESTON	29407-5305
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼	5	
	TREASURER	T-1	843     556     5567
		Telephone number	

FEC Form 1 (Rev	ised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Depo safety deposit boxes o	sitories: List all banks or other depositories in v r maintains funds.	which the committee deposits fu	nds, holds accounts, rents
Name of Bank, Deposi	tory, etc.		
BA	NK OF AMERICA		
Mailing Address	PO BOX 2511		
	TAMPA	FL L	33622-5118
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Deposi	tory, etc.		
MIC	DDLETOWN VALLEY BANK		
Mailing Address	24 W MAIN STREET		
	MIDDLETOWN	MD MD	21769
	CITY ▲	STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

5(g) or (h).	Joint Fundraising	Participant:		
1	ı. <u> </u>		FEC ID number	C
2	2.		FEC ID number	C
3	3		FEC ID number	C
	1.		FEC ID number	C
	T- [ ] ] ] ]			
6. <b>Nam</b>	ne of Any Connected (	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
G	REAT OPPORT	JNITY PARTY		
	Mailing Address	1405 ASHLEY RIVER ROAD		
		CHARLESTON	l SC l	29407
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	- - - - - - - - - - - - - - - - - - -	ative Leadership PAC Sponsor
8. Desi	ignated Agent: Identify	by name, address (phone number - optional)		
F	Full Name			
	Full Name			
N	Mailing Address	CITY A	STATE A	ZIP CODE A
N		CITY A	STATE A	
9. <b>Bank</b> safet	Mailing Address  TITLE OR POSITION  ks or Other Depositority deposit boxes or main	es: List all banks or other depositories in which the ntains funds.  BRIDGE BANK  1445A LAUGHLIN AVE	ephone Number	ZIP CODE   S funds, holds accounts, rents
9. <b>Bank</b> safet	Mailing Address  TITLE OR POSITION  ks or Other Depositority deposit boxes or maintenance of Bank, CHAIN pository, etc.	CITY  Tele  es: List all banks or other depositories in which the ntains funds.  BRIDGE BANK	ephone Number	ZIP CODE 🛦

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** \_\_\_\_

	ū	Participant:						
1				FEC I	D number	С		_
2.				FEC I	D number	С		
3.				FEC I	D number	C		
4.				   FEC I	D number	С		
7.								
ame of Any Co	nnected O	rganization, Affil	liated Committee, Joint	Fundraising Re	presentativ	e, or Lead	lership PAC Sp	ons
NOVEMBE	R VICTO	DRY FUND			1 1 1 1	1 1 1		
Mailing Add	ress	1405 ASHLEY R	RIVER ROAD					
		CHARLESTON		, , , , <b>1</b>	SC	2940	07	
		OI I (I LEO TOTA						
	Connected C	Organization		Joint Fundraisin	STATE ▲	ative	ZIP CODE A	
	Connected C	Organization				ative		
esignated Ager	Connected C	Organization	Affiliated Committee			ative		
esignated Ager	Connected C	Organization	Affiliated Committee			ative		
esignated Ager	Connected C	Organization	Affiliated Committee			ative		
esignated Ager Full Name  Mailing Addre	nt: Identify b	Organization  y name, address	Affiliated Committee			ative		
esignated Ager	nt: Identify b	Organization  y name, address	Affiliated Committee  s (phone number – optio		Represent	ative	Leadership PAC	