

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.

1. NAME OF COMMITTEE IN FULL TIM SCOTT FOR SENATE			
ADDRESS (number and street) 1405 ASHLEY RIVER RD			
CITY CHARLESTON		STATE SC	ZIP CODE 29407-5305
2. NAME OF CANDIDATE SCOTT, TIMOTHY, E., ,		3. OFFICE SOUGHT (State and District) Senate SC	
		4. FEC IDENTIFICATION NUMBER C00540302	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME SCOGGIN, JAMES, , ,			
MAILING ADDRESS PO BOX 25823		Name of Employer SELF	
CITY HONOLULU		STATE HI	ZIP CODE 96825-0823
		Occupation PHYSICIAN	
		Transaction ID : 60E6A118646044148/	
		Date (month, day, year) 10/28/2022	Amount 1000.00
B. FULL NAME TRAINOR, CARLA, , ,			
MAILING ADDRESS 765 BACHMAN CHAPEL RD		Name of Employer STOKES TRAINOR	
CITY PROSPERITY		STATE SC	ZIP CODE 29127-8406
		Occupation OWNER	
		Transaction ID : 6DB448D15DBED42D	
		Date (month, day, year) 10/28/2022	Amount 1000.00
C. FULL NAME MEANS, CHANDLER, , ,			
MAILING ADDRESS 4223 COLUMBIA PIKE		Name of Employer AGAPE	
CITY FRANKLIN		STATE TN	ZIP CODE 37064-9683
		Occupation CEO	
		Transaction ID : 6CB20954C89C846C5	
		Date (month, day, year) 10/28/2022	Amount 1000.00
D. FULL NAME HOLMES, THOMAS, , ,			
MAILING ADDRESS 4971 BONITA BAY BLVD UNIT 1803		Name of Employer INFO REQUESTED	
CITY BONITA SPRINGS		STATE FL	ZIP CODE 34134-1761
		Occupation INFO REQUESTED	
		Transaction ID : 631252836E38246F2E	
		Date (month, day, year) 10/28/2022	Amount 2900.00
E. FULL NAME DUCKER, MICHAEL, , ,			
MAILING ADDRESS 5535 CENTER HILL RD		Name of Employer RETIRED	
CITY COLLIERVILLE		STATE TN	ZIP CODE 38017-9205
		Occupation RETIRED	
		Transaction ID : 600FC5184A0414FCE	
		Date (month, day, year) 10/28/2022	Amount 1000.00
SIGNATURE (optional) WIGGINS, STACY, , ,		DATE 10/30/2022	
[Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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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.

FEC FORM 6

(Revised 03/2016)

: 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:

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4. FEC IDENTIFICATION NUMBER C00540302		<i>continuation page</i>	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE GRAVES, MARY, , , 3746 HADLEY HILL DR SANTA ROSA CA 95404-7681	Name of Employer RETIRED Transaction ID : 666BC864EB9AA4485BA3 Occupation RETIRED	Date (month, day, year) 10/28/2022	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE COHEN, WILLIAM, , , PO BOX 897 OSTERVILLE MA 02655-0897	Name of Employer RETIRED Transaction ID : 6F528DFA862BB44569EB Occupation RETIRED	Date (month, day, year) 10/28/2022	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE KASHIAN, EDWARD, , , 265 E RIVER PARK CIR FRESNO CA 93720-1575	Name of Employer SELF Transaction ID : 679532463D14C447391D Occupation REAL ESTATE	Date (month, day, year) 10/28/2022	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE MAVERICK PAC USA 138 CONANT ST C/O RED CURVE SOLUTIONS BEVERLY MA 01915-1665	Name of Employer Transaction ID : 67E3408691D004DA7AC3 Occupation	Date (month, day, year) 10/28/2022	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE TRINET GROUP INC PAC 1 PARK PL STE 600 DUBLIN CA 94568-7983	Name of Employer Transaction ID : 68416CEED3E3F40C4A37 Occupation	Date (month, day, year) 10/28/2022	Amount 2500.00

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(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE SELF INSURANCE INSTITUTE OF AMERICA, INC PAC 20 F ST NW STE 700 WASHINGTON DC 20001-6705	Name of Employer Occupation Transaction ID : 69744F56494FB422B8CA	Date (month, day, year) 10/28/2022	Amount 2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount