

Image# 202311159599113196

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) SCOTT, TIMOTHY E., , ,		
(b) Address (number and street) 7620 RIVERS AVE STE 370, #312		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code NORTH CHARLESTON SC 29406		2. Candidate's FEC Identification Number S4SC00240
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
5. Office Sought Senate		6. State & District of Candidate SC 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) TIM SCOTT FOR AMERICA		
(b) Address (number and street) 7620 RIVERS AVE STE 370, #312		
(c) City, State, and ZIP Code NORTH CHARLESTON SC 29406		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) TIM SCOTT VICTORY FUND		
(b) Address (number and street) 7620 RIVERS AVE STE 370, #312		
(c) City, State, and ZIP Code NORTH CHARLESTON SC 29406		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate SCOTT, TIMOTHY E., , ,	Date 11/15/2023
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Form/Schedule: F2N
Transaction ID :

While this does not constitute a formal announcement of my candidacy for the 2028 election, because I have reached the legal threshold for filing FEC Form 2, please accept this as my Form 2 for the 2028 election in order to ensure compliance with the Federal Election Campaign Act. See 52 U.S.C. 30102(e)(1); 11 C.F.R. 100.3(a)(1).

Form/Schedule:
Transaction ID:

Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 3 of 3

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GREAT OPPORTUNITY PARTY

(b) Address (number and street)

7620 RIVERS AVE
STE 370, #312

(c) City, State, and ZIP Code

NORTH CHARLESTON

SC

29406

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

NOVEMBER VICTORY FUND

(b) Address (number and street)

7620 RIVERS AVE
STE 370, #312

(c) City, State, and ZIP Code

NORTH CHARLESTON

SC

29406

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code