Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Tim Scott for Senate 1405 Ashley River Rd ADDRESS (number and street) (Check if address is changed) Charleston 29407-5305 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 brian@votetimscott.com COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.VOTETIMSCOTT.COM (Check if address is changed) DATE 2012 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] 07 15 2022 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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 information below.)	candidate
	Name of Candidate Scott, Timothy, E., ,	
	Candidate Party Affiliation REP Sought: House Senate President	State SC District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	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 Org	ganization
	Membership Organization Trade Association Cooperati	ve
	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 committee. (i.e., nonconnected committee)	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 (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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

ı	FEC Form 1	1 (Revised 02/2009)	Page 3
٧	Vrite or Type Comm		
	Tim Scot	tt for Senate	
6.	=	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
		American Opportunity	
	Mailing Address	1405 Ashley River Rd	
		Charleston SC 29407-5309	5 -
		CITY ▲ STATE ▲ ZI	P CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative Lea	adership PAC Sponso
	relations.	Connected Organization P Juniated Organization P Connected Transfer of the Connected Transfer of	delemp Trie opened
7.	Custodian of Rec	cords: Identify by name, address (phone number optional) and position of the person in possession ds.	of committee
		Wiggins, Stacy, E, ,	
	Full Name		
	Mailing Address	1409 Ashley River Rd	
		Charleston SC 29407-5308	5
		OITY A OTATE A 71	D 00DE A
	Title or Position		P CODE ▲
	Custodian of Reco		6 5567
8.		he name and address (phone number optional) of the treasurer of the committee; and the name agent (e.g., assistant treasurer).	and address of
	Full Name	Wiggins, Stacy, E, ,	
	of Treasurer		
	Mailing Address	1409 Ashley River Rd	
		Charleston SC 29407-5305	5 –
		CITY ▲ STATE ▲ ZI	P CODE ▲
	Title or Position ▼	•	
	Treasurer		6 - 5567

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Wiggins, Stacy, E, ,	
Mailing Address	1409 Ashley River Rd	
	Charleston	29407-5305
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
Treasurer		43 556 5567
	Depositories: List all banks or other depositories in which the committee deposits fixes or maintains funds.	unds, holds accounts, rents
Name of Bank, D	Depository, etc.	
	Bank of America	
Mailing Address	PO Box 25118	
	Tampa FL	33622-5118
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	Middletown Valley Bank	
Mailing Address	24 W. Main St	
	Middletown	21769
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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or(h). Joint Fundraisi n	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		□ FEC ID number	C
4.			
Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Sponsor
Tomorrow is Mea	ningful PAC (TIMPAC)		
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Sponso
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in waintains funds.	hich the committee deposit	ts funds, holds accounts, rents
	State Bank		
Depository, etc.			
Mailing Address	855 Savannah Highway		
	Charleston	SC	29407
	CITY ▲	STATE ▲	ZIP CODE ▲

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

Page ____ **of** _____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fundommittee	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 13026		
	Austin	TV	79711 2026
	Austin	TX TX	78711-3026
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joi	nt Fundraising Representa	Leadership 1 AO Sp
Pesignated Agent: Identif			Leadership FAO Sp
esignated Agent: Identi			Leadership FAO Spo
esignated Agent: Identi			Leadership FAO Spo
Pesignated Agent: Identif	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identing Full Name Mailing Address	by by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

Page ____ **of** ____

h). Joint Fundraisi	- 3 ·		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Spon
Tim Scott Victory	_		
Mailing Address	1405 Ashley River Rd		
	1		
	Charleston	sc	29407-5305
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identif	Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
Connecte		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification		t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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h). Joint Fundraisi r		FEC ID number	
1.		FEC ID number	C
2.			C
3.		FEC ID number	
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Lankford-Scott Vi	ctory Fund		
			1 1 1 1 1 1 1 1
Mailing Address	1405 Ashley River Rd		
Mailing Address			
	Charleston	SC	29407-5305
Relationship:	CITY A	STATE A	ZIP CODE A
Connected		Fundraising Representa	Leadership PAC S
Connected	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connecter connec	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connecter esignated Agent: Identify Full Name	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
Connecter esignated Agent: Identify Full Name	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
Connecter esignated Agent: Identify Full Name	Affiliated Committee y by name, address (phone number – optional) CITY		
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition of Bank, epository, etc.	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which	STATE A	ZIP CODE A

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

Page ____ **of** _____11___

g) or (h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
=	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA	22314-5404
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name	fy by name, address (phone number – optional)	1 1 1 1 1 1	
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Tel ories: List all banks or other depositories in which t	ephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or many Name of Bank, Depository, etc.	CITY ▲ CITY ▲ Tel ories: List all banks or other depositories in which t	ephone Number	

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

Page ____ **of** _____

TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc. Mailing Address	▼ pries: List all bar	CITY city nks or other depositories in	Telephone N		ZIP CODE ZIP CODE s funds, holds accounts, rent
TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	▼ pries: List all bar	CITY A	Telephone N	umber	ZIP CODE 🛦
TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	▼ pries: List all bar	CITY A	Telephone N	umber	ZIP CODE 🛦
TITLE OR POSITION	▼ pries: List all bar	CITY A	Telephone N	umber	ZIP CODE 🛦
				STATE A	
Mailing Address			<u> </u>		1
Mailing Address					
Mailing Address					
Full Name					
esignated Agent: Identify	y by name, addr	ress (phone number – option	nal)		
Connected	d Organization	Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC Sp
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
	Arlington			VA	22219-1891
Mailing Address	PO Box 9891				
lame of Any Connected Take Back The So		Affiliated Committee, Joint	Fundraising Rep	resentativ	e, or Leadership PAC Spon
4. [
4.				number	С
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3.			— □ FEC ID	number	С
1				number	

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

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g) or (h). Jo	oint Fundraising	Participant:				
1					FEC ID number	С
2.					FEC ID number	C
3.	<u> </u>				FEC ID number	C
4.					FEC ID number	С
	ny Connected O	rganization, Affilia	ated Committee, Joi	nt Fundrais	ing Representati	ve, or Leadership PAC Sponso
Mailin	ng Address	228 S Washington	n St			
						22214 5404
D-leti		Alexandria			VA VA	22314-5404
Helati	onship:		CITY ▲ Affiliated Committee	_	STATE A	ZIP CODE ▲
					ndraising Represen	tative Leadership PAC Spor
Designated Full Nar		oy name, address	(phone number – opt			
Full Nar		oy name, address	(phone number – opt			
Full Nar	me	oy name, address	(phone number – opt			
Full Nar	me		(phone number – opt	tional)		
Full Nar Mailing	me			tional)		
Full Nar Mailing	me			tional)		
Full Nar Mailing TITLE	Address OR POSITION Other Depositorie sit boxes or main ank,	es: List all banks of	CITY A	tional)	STATE A	
Full Nar Mailing TITLE Banks or C safety depo	Address OR POSITION Other Depositories it boxes or main ank, etc.	es: List all banks of	CITY A	tional)	STATE A	ZIP CODE A
Full Nar Mailing TITLE Banks or C safety depo	Address OR POSITION Other Depositorie sit boxes or main ank,	es: List all banks of	CITY A	tional)	STATE A	ZIP CODE A
Full Nar Mailing TITLE Banks or C safety depo	Address OR POSITION Other Depositories it boxes or main ank, etc.	es: List all banks of	CITY A	tional)	STATE A	ZIP CODE A