**STATEMENT OF ORGANIZATION**

1. **NAME OF COMMITTEE (in full)**
   - TIM SCOTT PRESIDENTIAL EXPLORATORY COMMITTEE

   - **ADDRESS (number and street)**
     - 1405 ASHLEY RIVER RD

   - **CITY**
     - CHARLESTON

   - **STATE**
     - SC

   - **ZIP CODE**
     - 29407-5305

2. **DATE**
   - 04/15/2023

3. **FEC IDENTIFICATION NUMBER**
   - C00540302

4. **IS THIS STATEMENT NEW (N) OR AMENDED (A)**
   - AMENDED (A)

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**COMMITTEE’S E-MAIL ADDRESS**
- STACY@SEWCPA.COM

**COMMITTEE’S WEB PAGE ADDRESS (URL)**
- WWW.VOTETIMSCOTT.COM

**SIGNATURE**
- WIGGINS, STACY, E., [Electronically Filed]

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**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.

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**For further information contact:**
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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**FEC FORM 1**
(Revised 06/2012)
5. TYPE OF COMMITTEE:

Candidate Committee:
(a) [x] 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 candidate information below.)
(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: SCOTT, TIMOTHY, E.,

Candidate Party Affiliation: REP
Office Sought: [ ] House [ ] Senate [x] President
State [ ] District [00]

Party Committee:
(d) [ ] This committee is a (National, State or subordinate) committee of the (Democratic, Republican, 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
- [ ] Membership Organization
- [ ] Corporation w/o Capital Stock
- [ ] Trade Association
- [ ] Labor Organization
- [ ] 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 fund or party committee. (i.e., nonconnected committee)
- [ ] 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 political 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 for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser:
1. [ ]
2. [ ]
## TIM SCOTT PRESIDENTIAL EXPLORATORY COMMITTEE

### 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**TIM SCOTT VICTORY FUND**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>1405 ASHLEY RIVER ROAD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHARLESTON SC 29407</td>
</tr>
<tr>
<td>Relationship</td>
<td>Connected Organization</td>
</tr>
<tr>
<td>Full Name</td>
<td>WIGGINS, STACY, E,</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>1409 ASHLEY RIVER ROAD</td>
</tr>
<tr>
<td></td>
<td>CHARLESTON SC 29407-5305</td>
</tr>
<tr>
<td>Title or Position</td>
<td>TREASURER</td>
</tr>
<tr>
<td>Telephone number</td>
<td>843 - 556 - 5567</td>
</tr>
</tbody>
</table>

### 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Full Name                | WIGGINS, STACY, E,     |
| Mailing Address          | 1409 ASHLEY RIVER ROAD |
|                         | CHARLESTON SC 29407-5305 |
| Title or Position        | TREASURER              |
| Telephone number         | 843 - 556 - 5567       |

### 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name of Treasurer   | WIGGINS, STACY, E,     |
| Mailing Address          | 1409 ASHLEY RIVER ROAD |
|                         | CHARLESTON SC 29407-5305 |
| Title or Position        | TREASURER              |
| Telephone number         | 843 - 556 - 5567       |
9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**BANK OF AMERICA**

Mailing Address: PO BOX 2511

TAMPA, FL 33622-5118

**MIDDLETOWN VALLEY BANK**

Mailing Address: 24 W MAIN STREET

MIDDLETOWN, MD 21769

Full Name of Designated Agent

Mailing Address

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<tr>
<th>CITY ▲</th>
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<th>ZIP CODE ▲</th>
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Title or Position ▼

Telephone number  ▼

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5(g) or (h). Joint Fundraising Participant:

1. Name of Bank, Depository, etc.
   Mailing Address
   CITY  STATE ZIP CODE

2. Name of Bank, Depository, etc.
   Mailing Address
   CITY  STATE ZIP CODE

3. Name of Bank, Depository, etc.
   Mailing Address
   CITY  STATE ZIP CODE

4. Name of Bank, Depository, etc.
   Mailing Address
   CITY  STATE ZIP CODE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

GREAT OPPORTUNITY PARTY

Mailing Address
1405 ASHLEY RIVER ROAD
CHARLESTON  SC  29407

Relationship:
CITY ▲  STATE ▲  ZIP CODE ▲
Connected Organization □ Affiliated Committee □ Joint Fundraising Representative □ Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name
Mailing Address

TITLE OR POSITION ▼
CITY ▲  STATE ▲  ZIP CODE ▲
Telephone Number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.
CHAIN BRIDGE BANK

Mailing Address
1445A LAUGHLIN AVE
MCLEAN  VA  22101

CITY ▲  STATE ▲  ZIP CODE ▲
9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. | SOUTH STATE BANK
---|---
Mailing Address | 855 SAVANNAH HIGHWAY

CHARLESTON | SC | 29407
CITY ▲ | STATE ▲ | ZIP CODE ▲
5(g) or (h). Joint Fundraising Participant:

1. Name of Joint Fundraiser: ____________________________
   FEC ID number: ____________________________

2. Name of Joint Fundraiser: ____________________________
   FEC ID number: ____________________________

3. Name of Joint Fundraiser: ____________________________
   FEC ID number: ____________________________

4. Name of Joint Fundraiser: ____________________________
   FEC ID number: ____________________________

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

   TEAM MCCONNELL

   Mailing Address: 228 S. WASHINGTON STREET
   SUITE 115
   ALEXANDRIA, VA 22314

   Relationship: Connected Organization

8. Designated Agent: Identify by name, address (phone number – optional)

   Full Name: ____________________________
   Mailing Address: ____________________________

   CITY ▲ STATE ▲ ZIP CODE ▲

   TITLE OR POSITION ▼

   CITY ▲ STATE ▲ ZIP CODE ▲
   Telephone Number: ____________________________

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FEC ID number: C

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**FRIENDS OF MITT JOINT FUNDRAISING COMMITTEE**

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<tr>
<td>C/O RED CURVE SOLUTIONS</td>
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<tr>
<td>138 CONANT STREET, SUITE 401</td>
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<tr>
<td>BEVERLY MA 01915</td>
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