

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

TIM SCOTT VICTORY FUND

ADDRESS (number and street) 1405 ASHLEY RIVER ROAD

(Check if address is changed)

CHARLESTON SC 29407  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) TSVF@CONCENTRICOFFICE.COM

Optional Second E-Mail Address  
STACY@SEWCPA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed)

2. DATE 04 / 12 / 2021

3. FEC IDENTIFICATION NUMBER C C00776526

4. 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.

Type or Print Name of Treasurer WIGGINS, STACY, E., ,

Signature of Treasurer WIGGINS, STACY, E., , [Electronically Filed] Date 04 / 12 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. 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 candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (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  (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  Corporation w/o Capital Stock  Labor Organization
  - 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 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.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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.  TIM SCOTT FOR SENATE \_\_\_\_\_ FEC ID number  C C00540302
2.  TOMORROW IS MEANINGFUL PAC \_\_\_\_\_ FEC ID number  C C00495887
3.  NRSC \_\_\_\_\_ FEC ID number  C C00027466
4.  \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# TIM SCOTT VICTORY FUND

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**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 CARLIN, SUE, , ,

Mailing Address 8136 OLD KEENE MILL RD

SUITE A300

SPRINGFIELD VA 22152

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 703 569 9481

**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

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 843 556 5567

Full Name of Designated Agent

CARLIN, SUE, , ,

Mailing Address

8136 OLD KEENE MILL RD

SUITE A300

SPRINGFIELD

VA

22152

CITY

STATE

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

703

569

9481

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.

BB&T

Mailing Address

1445 NEW YORK AVE, NW

4TH FLOOR

WASHINGTON

DC

20005

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE