

Image# 202304159580865558

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) SCOTT, TIMOTHY, E., ,			2. Candidate's FEC Identification Number P40012155	
(b) Address (number and street) 1405 ASHLEY RIVER RD		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code CHARLESTON SC 29407-5305		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Presidential	6. State & District of Candidate 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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 PRESIDENTIAL EXPLORATORY COMMITTEE		
(b) Address (number and street) 1405 ASHLEY RIVER RD		
(c) City, State, and ZIP Code CHARLESTON SC 29407-5305		

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) 1405 ASHLEY RIVER ROAD		
(c) City, State, and ZIP Code CHARLESTON SC 29407		

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., , [Electronically Filed]	Date 04/15/2023
---	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

Optional Supplemental Page for Designation
of Additional Authorized Committees

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)

TIM SCOTT'S AMERICAN OPPORTUNITY

(b) Address (number and street)

1405 ASHLEY RIVER ROAD

(c) City, State, and ZIP Code

CHARLESTON

SC

29407

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)

1405 ASHLEY RIVER ROAD

(c) City, State, and ZIP Code

CHARLESTON

SC

29407

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)

1405 ASHLEY RIVER ROAD

(c) City, State, and ZIP Code

CHARLESTON

SC

29407

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)

TEAM MCCONNELL

(b) Address (number and street)

228 S. WASHINGTON STREET

SUITE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

Optional Supplemental Page for Designation
of Additional Authorized Committees

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)

FRIENDS OF MITT JOINT FUNDRAISING COMMITTEE

(b) Address (number and street)

C/O RED CURVE SOLUTIONS
138 CONANT STREET, SUITE 401

(c) City, State, and ZIP Code

BEVERLY MA 01915

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

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