FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

_									
1.	(a) Name of Candidate (in full)								
	Timothy Scott					1			
	(b) Address (number and street) 1405 Ashley River Road		neck if addre	ss changed		2. Candidate's H0SC0127		cation Nur	nber
	(c) City, State, and ZIP Code					3. Is This	New		Amended
	Charleston		SC	2940	7-5305	Statement	(N)	OR	× (A)
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candidate			
	REPUBLICAN PARTY	House			SC	01			
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN		EE		
7.	I hereby designate the following nar	med political con	nmittee as m	y Principal (Campaign Comn		2012 ar of electior	_ election	(s).
	NOTE: This designation should be f	iled with the app	propriate offi	ce listed in t	he instructions.				
	(a) Name of Committee (in full)								
	Tim Scott For Cong	ress							
	(b) Address (number and street) 1405 Ashley River Road								
	(c) City, State, and ZIP Code								
	Charleston				SC	29407-530	05		
	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) Scott Victory-2010	iled with the prir	ncipal campa	ign committ	ee.				
	(b) Address (number and street) 228 S Washington Street								
	Suite 115								
	(c) City, State, and ZIP Code								
	Alexandria				VA	22314-540)4		
_	I certify that I have exa	mined this State	ement and to	the best of	my knowledge a	nd belief it is true	e, correct and	d complete	9.
	ignature of Candidate				, ,	Date	-	•	
						Date			
1	ümothy Scott			[Elect	tronically Filed]	07/24/2012			
N			nformation n						
	OTE: Submission of false, erroneous	, or incomplete i	mormation n	lay subject t	he person signin	ig this Statement	t to penalties	of 2 U.S.	C. §437g.
	OTE: Submission of false, erroneous	, or incomplete i			he person signin	ng this Statement	to penalties	of 2 U.S.(C. §437g.
	OTE: Submission of false, erroneous				he person signin		to penalties	of 2 U.S.(C. §437g.

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

Image# 12971832764

		Page 2 /
	F OTHER AUTHORIZED COMMITTEES ding Joint Fundraising Representatives)	[ADDITIONAL]
hereby authorize the following named committee, which is NOT candidacy.	T my principal campaign committee, to receive and expend funds	on behalf of my
NOTE: This designation should be filed with the princi	ipal campaign committee.	
(a) Name of Committee (in full)		
American Democracy Fund		
(b) Address (number and street) 320 1st Street SE		
(c) City, State and ZIP Code		
Washington	DC 20003-1838	
	PF OTHER AUTHORIZED COMMITTEES	[ADDITIONAL]
I hereby authorize the following named committee, which is NO candidacy.	T my principal campaign committee, to receive and expend funds	on behalf of my
NOTE: This designation should be filed with the princi	ipal campaign committee.	
(a) Name of Committee (in full)		
Freshman Hold'Em Jfc		
(b) Address (number and street) 209 Pennsylvania Avenue SE		
209 Pennsylvania Avenue SE		
	DC 20003-1107	
209 Pennsylvania Avenue SE (c) City, State and ZIP Code Washington DESIGNATION O	DC 20003-1107 FOTHER AUTHORIZED COMMITTEES ding Joint Fundraising Representatives)	[ADDITIONAL]
209 Pennsylvania Avenue SE (c) City, State and ZIP Code Washington DESIGNATION OI (Inclue	F OTHER AUTHORIZED COMMITTEES	
209 Pennsylvania Avenue SE (c) City, State and ZIP Code Washington DESIGNATION OI (Inclue I hereby authorize the following named committee, which is NO	F OTHER AUTHORIZED COMMITTEES ding Joint Fundraising Representatives)	
209 Pennsylvania Avenue SE (c) City, State and ZIP Code Washington DESIGNATION OI (Includ I hereby authorize the following named committee, which is NO candidacy.	F OTHER AUTHORIZED COMMITTEES ding Joint Fundraising Representatives)	
209 Pennsylvania Avenue SE (c) City, State and ZIP Code Washington DESIGNATION OI (Inclue hereby authorize the following named committee, which is NO candidacy. NOTE:This designation should be filed with the princi	F OTHER AUTHORIZED COMMITTEES ding Joint Fundraising Representatives)	