**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. TOMORROW IS MEANINGFUL PAC 7620 RIVERS AVE ADDRESS (number and street) STE 370, #312 (Check if address is changed) NORTH CHARLESTON 29406 SC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address SWIGGINS@VOTETIMSCOTT.COM is changed) Optional Second E-Mail Address COMPLIANCE@VOTETIMSCOTT.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00495887 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. Type or Print Name of Treasurer WIGGINS, STACY, E, WIGGINS, STACY, E., Date 02 27 2025 Signature of Treasurer 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	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(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 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	anization
	Membership Organization Trade Association Cooperation	/e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X 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.	
	X 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	

Title or Position ▼

Treasurer

	FEC Form 1	(Revised 02/2009)		Page <b>3</b>
٧	Vrite or Type Comm	nittee Name		
	TOMORR	OW IS MEANINGFUL PAC		
6.	-	onnected Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Le	eadership PAC Sponsor
	SCOTT, TIM	1OTHY E., , ,		
	Mailing Address	7620 RIVERS AVE		
		STE 370, #312		
		NORTH CHARLESTON	SC     2	9406
		CITY ▲ S	STATE A	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising R	Representative	X Leadership PAC Sponso
7.	Custodian of Rec books and record	cords: Identify by name, address (phone number optional) and position of the ls.	he person in po	ossession of committee
		WIGGINS, STACY, E, ,		
	Full Name	,7620 RIVERS AVE		
	Mailing Address	7620 RIVERS AVE		
		STE 370, #312		
		NORTH CHARLESTON	SC   2	9406
		OITV A		7ID 00DE A
	Title or Position		STATE A	ZIP CODE ▲
	Treasurer	Telephone number	er 843	_ 556 5567
8.		ne name and address (phone number optional) of the treasurer of the cogent (e.g., assistant treasurer).	ommittee; and	the name and address of
	Full Name of Treasurer	WIGGINS, STACY, E, ,		
	Mailing Address	7620 RIVERS AVE		
		STE 370, #312		<u>                                     </u>
		NORTH CHARLESTON	SC 2	9406
		CITY ▲ S	TATE ▲	ZIP CODE ▲

843

Telephone number

556

5567

FEC <b>Form</b>	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Addres	S	
	CITY ▲ STATE	E ▲ ZIP CODE ▲
Title or Position	n▼	
	Telephone number	
	er Depositories: List all banks or other depositories in which the committee depositories or maintains funds.	osits funds, holds accounts, rents
Name of Bank,	Depository, etc.	
	TRUIST BANK (FKA SUNTRUST BANK, NA)	
Mailing Address	1923 SAM RITTENBERG BLVD	
	CHARLESTON	
	CITY ▲ STATE	ZIP CODE ▲
Name of Bank,	Depository, etc.	
	CHAIN BRIDGE BANK, N.A.	
Mailing Address	1445A LAUGHLIN AVE	
	MCLEAN	22101
	CITY ▲ STATE	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draisina Ranrasantativa	or Leadershin PAC Snons
-	ANINGFUL PAC - FEDERAL		
Mailing Address	7620 RIVERS AVE		
	STE 370, #312		
	NORTH CHARLESTON	SC	29406
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	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 Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  CITY ▲  pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY ▲  CITY ▲  pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rents

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

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r(h). <b>Joint Fundraising</b>	p Participant:		
1		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected (	Organization, Affiliated Committee, Joint I	Fundraising Representative	e, or Leadership PAC Sponsor
ONE TEAM SENATE	MAJORITY		
Mailing Address	421 OFFICE PARK DRIVE		
	MOUNTAIN BROOK	AL	35223
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Joint Fundraising Represent	
Full Name	by name, address (phone number - option	ai)	
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	▼ CITY ▲	STATE ▲ Telephone Number	ZIP CODE ▲

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

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1. 🗔				FEC I	D number	C	
2. 🔲		<u> </u>		FEC I	D number	С	
3.				FEC I	D number	С	
4.	1 1 1 1 1 1			FEC I	D number	С	
Name of	Any Connected	Organization, A	ffiliated Committee, Joint	Fundraising Re	presentative	e, or Leadership	PAC Spons
	VICTORY						
Mail	iling Address	228 S WASHI	NGTON ST				
		STE 115					
		ALEXANDRIA	\ 		_ VA	22314	
			CITY A		STATE A	ZIP	CODE ▲
		Organization by name, addre	Affiliated Committee	≺ Joint Fundraisin	ng Representa	ative Leade	rship PAC Sp
	Connected ed Agent: Identify				ng Representa	ative Leade	rship PAC Sp
<b>esignate</b> Full N	Connected ed Agent: Identify				ng Representa	ative Leade	rship PAC Sp
esignate	Connected  ed Agent: Identify				ng Representa	ative Leade	rship PAC Spo
<b>esignate</b> Full N	Connected  ed Agent: Identify				ng Representa	ative Leade	rship PAC Sp
<b>esignate</b> Full N Mailin	Connected  ed Agent: Identify	by name, addre			ng Representa		rship PAC Spr