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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 3012 - Nov, スの, スの	FORM B For use by candidates and new employees	Page LEGISLATIVE RESOURCE CENTER	Pa SOURCE CENTE	Page 1 of 6
Name: Frank J. Scaturro Dayt	Daytime Telephone:	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	THE CLERK	3
		(M) (Offi	(Office Use Only)	
Filer Candidate for the State: New York D Status New officer or Employing Office:	Election: Nov. 4, 20/4 Amendment	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	ty shall be an individual widays late.	assessed who files
n all sections, please type or print clearly in blue or black ink.				
RELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	HESE QUESTIONS			
Did you or your spouse have "earned" income (e.g., salaries or sees) of \$200 or more from any source in the reporting period? Yes No	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	efore the date r <u>two</u> years?	Yes 🔲	No.
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes No	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	angement	Yes	₹
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from	Yes	№
Each question in this part must be answered and the appropriate schedu	he appropriate schedule attached for each "Yes" response	each "Yes" res	sponse.	
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	ANSWER	EACH OF THESE QUESTIONS	UESTIONS	,
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	Ethics and certain other "excepted trusts" need no your spouse, or a dependent child?	of be	Yes 🔲	No K
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or depuness you have first consulted with the Committee on Ethics.		Yes	N _o

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Jaj urro Page Of of

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: Military pay (such as National Guard of neserve pay), leueral retirement programs, and	-	Jeriellis received under the Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
(included state of Locality for Including)	. , , , ,	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Fyamnies: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA.	NA
Fisher Broyles LLP, Atlanta, GA	Salary	\$57,614,12	\$9,202
Molloy Callege, Rockville Centre, NY	Honoratia	00h\$	\\Z *
+1	Salary	\$1,650	ZA
Golden Age Club of Mineola, NY	toporarium	\$ 125	NÁ
Morth Ridina Chapter, NSDAR, Manhasset, NY	Honorarium	450	NA
			j.

\$1 - \$1,000	provide a complete address or a description, e.g., "rental property," and the city and state.												traded, state the name of the busi- of its activities, and its geographic	 		at is not publicly traded, state the name of the busi- sss, the nature of its activities, and its geographic	ss, the nature of its activities, and its geographic	ss, the nature of its activities, and its geographic	iss, the nature of its activities, and its geographic	iss, the nature of its activities, and its geographic	ss, the nature of its activities, and its geographic	ss, the nature of its activities, and its geographic	ss, the nature of its activities, and its geographic	ss, the nature of its activities, and its geographic	ss, the nature of its activities, and its geographic	ss, the nature of its activities, and its deographic	es the nature of its activities and its reportantic	at 10 tot paging of its estimate and its assemble	at is not publicly traded, state the fiable of the push-	at is not publicly traded, state the name of the busi-	at is not publicly traded, state the name of the busi-	at is not publicly traded, state the name of the busi-	at is not publicly traded, state the name of the busi-	at is not publicly traded, state the name of the busi-	at is not publicly traded, state the name of the busi-	at is not publicly traded, state the name of the busi-	at is not publicly traded state the name of the busi-	at is not publish, traded state the name of the busi-	at is not publicly traded state the name of the busic	at is not publicly traded state the name of the busin	at is not publicly traded state the name of the busi-	at is not publicly traded state the name of the busi-	at is not publicly traded state the name of the busi-	at is not publicly traded state the name of the busin	at is not publicly traded state the name of the busin	at is not publish traded state the name of the busin	of is not publicly traded state the name of the busin	of is not publicly traded state the name of the busin	of is not publicly traded state the name of the busin	of in the publich traded of the page of the prior	at in the publiche troubed of the public	or in the subdistriction of the business	of in the sample to the sample of the sample	of in the building traded of the population	at is not publicly tracked state the name of the busi-	at is not nublicly traded, state the name of the busi-	at is not publicly traded, state the name of the pusi-	al is not bublicly traded, state the name of the busi-	al is not bublicly traded, state the name of the busi-	at is not bublicty traded, state the name of the busi-	al is not bublicly traded, state the name of the busi-	hat is not publicly traded. 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\$1,001 - \$2,500		Prece	Current Year Preceding Year	Preceding Year								Preceding Year		-																																																																																																																															

SCH Continu	SCHEDULE II — ASSETS AN Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name Frank J. Scatur	YO Page of 6
	BLOCK A	вгоск в	вгоск с	BLOCK D	
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	U
SP,		A BB C C D E F G H	fy: e.g.,	Current Year	Preceding Year
Ţ		00 000 0,000	UST	99 98 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×
DC		50,000 100,000 \$250,000 \$500,000 \$1,000,000 - \$5,000,0 - \$25,000,0 - \$50,000	AINS /BLIND TR BRED of Income	0 500 ,000 0,000 00,000 1,000,000 \$5,000,000	000 ,000 0,000 00,000 11,000,000 \$5,000,000
		None \$1 - \$1,000 \$1,001 - \$15 \$15,001 - \$5 \$50,001 - \$1 \$100,001 - \$ \$250,001 - \$ \$1,000,001 - \$5,000,001 - \$25,000,001 Over \$50,000 Spouse/DC A	NONE DIVIDENDS RENT INTEREST CAPITAL GA EXCEPTED/I TAX-DEFERI Other Type Partnership I	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50 \$2,501 - \$5,00 \$5,001 - \$15,001 - \$50,001 - \$100,001 - \$1 \$100,001 - \$1 \$1,000,001 - \$1 Over \$5,000,0 Spouse/DC Income None \$1 - \$200 \$201 - \$1,000	\$1,001 - \$2,50 \$2,501 - \$5,00 \$5,001 - \$15, \$15,001 - \$50 \$50,001 - \$10 \$100,001 - \$1 \$1,000,001 - \$1 Over \$5,000,0 Spouse/DC Incomm
	Alliance bernstin High France	X	X	X	
	Atel 15 LLC	X	\\	× × ×	
	Steadfast	X	Kraj estad		
	Transamerica Variable man	X	X	X	
	Sun America Variable Annuity		X		
	Black rock Health Sciences 1	X	×		
	leuron Corp.	>	X	× ×	
	pan Equity	× ·		× ×	
	Brokerage Money Market	><	× ,	X	
	Investment Gr		X	×	
	MINEUP		×		
	Vanquard 500 Index Fund		X		
	Vanguard Windsort Fund		×	X	X

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SCHEDULE III — LIABILITIES

Name Frank J. Scaturro

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of an inchorary nature.	iawi c
Position	Name of Organization
President	Grant Monument Association
Member, Policy Advisory Board Accolerate	Accelerate Progress
Board Hember	Soldiers and Sailors Memorial Association
Second Vice Commander	Second Vice Commander Sons of the American Legion, Malverne Post 44
Board Member	Ulusses S. Grant Presidential Library/Ulusses S. Grant Association

Use additional sheets if more space is required

SCHEDULE V — AGREEMENTS

Name Frank J. Scaturro

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service; contine of service; contine of the plan maint	service; continuation or deferral of payments by a former or current employer other t efft plan maintained by a former employer.	Identity the date, parties to, and general terms of any agreement or arrangement with respect to: luture employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties To	Terms of Agreement
·		
-	,	

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

	Source (Name and Address)
	Example: Doe Jones & Smith, Hometown, Homestate Accounting services
_	
	-

GPO: 2013

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