

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

2012 MAY 15 PM 5:39

TIM SCOTT
(Full Name)

843-343-4990
(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: SC District: 01	<input type="checkbox"/> Officer Or Employee	Employing Office:
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$50 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$50 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. 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? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

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 dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name TIM SCOTT

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

Source	Type	Amount
TIM SCOTT & ASSOCIATES, INC.	SALARY	\$0 5,500 <i>yl</i>
UNITED STATES CONGRESS	SALARY (Gross- 174,000; Taxable- \$148,301)	\$174,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name TIM SCOTT

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p>	<p>At close of reporting year.</p> <p>If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply.</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below.</p> <p>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
ALLSTATE INSURANCE COMPANY (LIFE INSURANCE)	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
ALLSTATE INSURANCE STOCK	\$15,001 - \$50,000	DIVIDENDS	NONE	
ALLSTATE INVESTMENT CO, LIFE	\$1,001 - \$15,000	DIVIDENDS	NONE	
BANK OF AMERICA	None 1,000 - 15,000	INTEREST	\$1 - \$200	S
CONGRESSIONAL FEDERAL CREDIT UNION	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DAN MARTIN CAROLINA INSURANCE AGENCY (INTEREST PORTION OF NOTE)	\$250,001 - \$500,000	INTEREST	\$15,001 - \$50,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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DAN MARTIN CAROLINA INSURANCE GROUP, LLC (CAPITAL GAIN PORTION OF NOTE)	\$250,001 - \$500,000	CAPITAL GAINS	\$100,001 - \$1,000,000	
FIRST CITIZENS BANK	\$1 - \$1,000	INTEREST	NONE	
GIDEON PROPERTIES, LLC	\$1,000,001 - \$5,000,000	RENT	\$2,501 - \$5,000	
GREAT WEST MUTUAL PENSION	\$1,001 - \$15,000	Other: PENSION	NONE	
HERITAGE TRUST FEDERAL CREDIT UNION	\$1 - \$1,000	INTEREST	NONE	
HOPE FLOATS, LLC	\$1 - \$1,000	Other: PARTNERSHIP INTEREST	NONE	
LINCOLN BENEFIT LIFE INSURANCE	\$1,001 - \$15,000	Other: (LIFE INSURANCE)	NONE	
OPPENHEIMER GLOBAL	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
RIVERTOWN INVESTMENTS, LLC	\$100,001 - \$250,000	RENT	NONE	
SC RETIREMENT SYSTEM	\$15,001 - \$50,000	Other: STATE RETIREMENT	NONE	
TIM SCOTT & ASSOCIATES, INC. (PREVIOUSLY ALLSTATE INSURANCE AGENCY--SOLD APRIL 2011)	\$50,001 - \$100,000	Other: (DIVIDENDS FROM COMPANY)	\$5,001 - \$15,000	
WACHOVIA BANK	\$1 - \$1,000	INTEREST	NONE	

SCHEDULE IV - TRANSACTIONS

Name TIM SCOTT

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	BANK OF AMERICA	S	Yes	4-12-11	<\$100
	TIM SCOTT & ASSOCIATES, INC. (SALE OF ALLSTATE INSURANCE AGENCY)	S(part)	Yes	4/1/11	\$500,001 - \$1,000,000

SCHEDULE V - LIABILITIES

Name TIM SCOTT

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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 owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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 preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	WELLS FARGO BANK (FORMERLY WACHOVIA BANK)	2005	MORTGAGE ON 118 TWO HITCH ROAD, GOOSE CREEK, SC 29445 (RIVERTOWN INVESTMENTS, LLC) PERSONALLY GUARANTEED/LIABLE	\$50,001 - \$100,000
	BANK OF AMERICA	2001	LINE OF CREDIT FOR BUSINESS; PERSONALLY LIABLE	\$50,001 - \$100,000
	BANK OF AMERICA	2006	MORTGAGE ON 1403-1409 ASHLEY RIVER ROAD, CHARLESTON, SC 29407 (GIDEON PROPERTIES, LLC); PERSONAL GUARANTEE SIGNED	\$250,001 - \$500,000
	BANK OF AMERICA	2001	MORTGAGE ON PRINCIPAL RESIDENCE (8110 SARDIS COURT, NORTH CHARLESTON, SC)	\$100,001 - \$250,000

SCHEDULE VIII - POSITIONS

Name **TIM SCOTT**

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER/MEMBER	GIDEON PROPERTIES, LLC
PARTNER/MEMBER	RIVERTOWN INVESTMENTS, LLC
PARTNER/MEMBER	HOPE FLOATS, LLC
STOCKHOLDER/PRESIDENT	TIM SCOTT & ASSOCIATES, INC (FORMERLY ALLSTATE INSURANCE AGENCY)

SCHEDULE IX - AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future 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
2008- PRESENT	SC RETIREMENT SYSTEM	AT AGE 60, CAN BEGIN RECEIVING RETIREMENT BENEFITS