FINANCIA Period cove	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - んかんり インパナ		<b>FORM B</b> For use by candidates and new employees	LEGISLATIVE RESOURCE CENTER  2014 FEB 20 PM 1:53	Page 1 of S E CENTER 1:53
Name:	Suzanne Scholte D	aytime	Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES	TATIVES
				(Office Use Only)	
Filer Status	Candidate for the State: VIRGINIA House of Representatives District: LLA-h Property Control Co	Date of Election:	. Νου 4,2014 Check if Amendment	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	assessed who files
In all sections,	In all sections, please type or print clearly in blue or black ink.				
PRELIMIN	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	THES	E QUESTIONS		
I. Did you or you fees) of \$200 or If yes, complet	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?  Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V		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.	fore the date two years? Yes	S
II. Did you, you income of more reportable asse if yes, complet	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  Yes	S	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	angement Yes	No No
III. Did you, you able liability (mo	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes Ves, complete and attach Schedule III.		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 <b>Yes</b>	No 
	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	nd the a	ppropriate schedule attached for e	each "Yes" response.	
EXCLUSIC	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	NFORI	- AN	SWER EACH OF THESE QUESTIONS	Ś
TRUSTS - De disclosed. Hav	<b>TRUSTS</b> —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?	on Ethics	s and certain other "excepted trusts" need not spouse, or a dependent child?	t be Yes	No 🗸
<b>EXEMPTION</b> because they	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabi because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	d" income ou have fin	, transactions, or liabilities of a spouse or dependent child st consulted with the Committee on Ethics.	pendent child Yes	<u>₹</u>

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Suzanne Scho Tr

> Page 7,5

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 Reserve pay), lederal retirement programs, and benefits received under the Social Security Act.	enen programs, and benefits te	Amount	wint
<b>Source</b> (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Defense forum Foundation, Falls Church UA	Salary	D	\$ SS, 200
Camber Corporation	Spouse Salary	NA	N/A
Camber 401(K)	Spouse 401K-distribution	NA	ASA.

SGO FRA apal Global	SEP TRA: Oppenheimer Developing markets	SEP TRA: XIS ADVISOR	SEPTRA: COLDMAN	SCOTRA: FIRST EAFLE	SEP TRA: AIM INVESCO	J⊤ 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	nomes and vacation nomes (unless trere was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  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.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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	Asset and/or Income Source 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 sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.  For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
	<del>**</del>	×	*	*	×	×	Indefinite		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000		> BB C C D FF F	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."  *This column is for assets solely held by your spouse or dependent child.
×	Y	× 	×	×	×	×	Royatties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		Type of Income Check all columns that apply. 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 plans or IRAs), you may check the plans or IRAs, you may check the plans or IRAs, where the 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.
X	×	~	*		*		×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000  Ver \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$1,000 \$15,001 - \$1,000 \$15,001 - \$1,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year	FLOCK D  Amount of Income  Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.  * This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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## SCHEDULE III — LIABILITIES

Name Swrank Scholk

Page S of S

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, 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 sib-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 ling 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.

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		Chase Bank	Wells Fargo	Example: First Bank of Wilmington, DE	Creditor	
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## SCHEDULE IV — POSITIONS

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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);

Board of Directors	Viee-Chairman	Chairnan	Chairman	President	Position
Christian Soladaity Worldwide-USA Casper, Wyoming	U.S. Committee for Human Rights in North Korea Washington, D.C.	4.5. Western Sahara Foundation Falls Church UK	North Kora Freedom Coalition Frivax VA	Defense forum Frundation Soil (+)3 Falls Church UX	Name of Organization

Use additional sheets if more space is required.