 	ecause Yes	s, or liabilities of a spouse or dependent child bed Committee on Ethics.	income, transaction st consulted with the	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.
ĕ X	Yes	in other "excepted trusts" need not be disclosed. Have you	on Ethics and certa dependent child?	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
× X	Yes		blic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
S	IESE QUESTIONS	ION — ANSWER EACH OF THESE QUESTIONS	T INFORMAT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	r each "Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S S	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.
₹	ement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No IX. D	IV. Did you, your spouse, or a 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.
S _S	re the date Yes	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.	No Sit ye	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.
<u>8</u>	e any sporting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	No VII. [repoi perio	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.
8	e any g more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No No than	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
		QUESTIONS	EACH OF THESE Q	PRELIMINARY INFORMATION — ANSWER EACH
nore man	30 days late.	Termination Date: again 30 da		Report Annual (May 15, 2013)
assessed	\$200 penalty shall be a	Employing Office: A \$2	Officer or Employee	Filer Member of the U.S. State: Status House of Representatives District:
TIVES Y	2014 JAN 17 PM 2: 44 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	202-225-653	Daytime Telephone:	Name: Jones Austin Scott
NIES O	LEGISLATIVE RESOURCE CENTER	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
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X	>	×	×	*	*	×	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 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*	A B C D E F G Y - Z		* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	used.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value bloads specify the method	Va	BLOCK B	AND "UNEARNED" INCOME
X			×	X		×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		vested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	IHAs), you may check the "lax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	ments or that generate tax-deferred income (such as 401(k) plans or	Check all columns that apply. For retirement accounts that do not allow you to choose specific invest-	come	BLOCK C	Name Jan
						×		×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		dependent child.	* This column is for income generated by assets held solely by your spouse or dependent child	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	the category of income by checking the appropriate box below. Dividends, interest,	_		BLOCK D	ames Austra Scott Page
								S (partial)	(S) (partial) See below for example. P. S., E.	portion of an asset is sold, please indicate as	If only a		\$1,000 in reporting year.	(P), sales (S), or exchanges (E) exceeding	asset had purchases	Transaction Indicate if the	BLOCK E	4 of 12

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) Ħ S SP. The Southern Group LLC Amen's Exint Checkins Asset and/or Income Source raster Cougher by Loudy interestin Boanch PUN IZMUCCK tonourn, Michendon Jahree TNS Insulante mis inome Samo **BLOCK A** ELK, Sic ranker FUNDS ➣ None w \$1 - \$1,000 \$1,001 - \$15,000 C ס \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B Ŧ \$100,001 - \$250,000 g \$250,001 - \$500,000 I \$500,001 ~ \$1,000,000 \$1,000,001 - \$5,000,000 ~ \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 800 г Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000* NONE 200 DIVIDENDS RENT of Income BLOCK C Type INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** Name TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 = Amount of income \$201 ~ \$1,000 7 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 XI VIII X \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 ~ \$5,000,000 × Over \$5,000,000 Page 5 of 16 Spouse/DC income over \$1,000,000* Transaction BLOCK E u w b

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Continuation Sheet (if needed) BLOCK B BLOCK B Asset and/or Income Source Year-End		≼	BLOCK B		Ì	
	A B C		Value of Asset	SSet		≤
DC,	2000	0,000	500,000	- \$5,000,000	- \$25,000,000 \$50,000,000	et over \$1,000,000*
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၁၈	SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) BLOCK A BLOCK B Year-End Asset and/or Income Source	"UNEARN	RNED" INCO	ME			BLOC	Name BLOCK C Type	رگ] [ارگ]	رگ] [ارگ]	me Jumes L	me Jumes L	me Jumes L	me Jumes L	me Jumes L	me Jumes L	me Jumes Austr	me Jumes L
SP,		A B C D E	я О Н)*						1 11	N II I						
٦ <u>۶</u>	. <u>.</u>	5,000 50,000	\$250,000 \$500,000	- \$25,000,000 - \$50,000,000 0,000	et over \$1,000,000			AINS /BLIND TRUST	AINS /BLIND TRUST	AINS /BLIND TRUST RED of Income ., Partnership	AINS /BLIND TRUST RED of Income ., Partnership earm Income)	AINS /BLIND TRUST RED of Income ., Partnership farm Income)	AINS /BLIND TRUST RED of Income ., Partnership earm Income)	AINS /BLIND TRUST RED of Income ., Partnership farm Income) 00	AINS /BLIND TRUST RED of Income ., Partnership farm Income) 00 00 00 000	AINS /BLIND TRUST RED of Income ., Partnership earm Income) 00 00 00 00 000 0,000	AINS /BLIND TRUST RED of Income ., Partnership farm Income) 00 00 00 000 0,000 0,000 0,000	AINS /BLIND TRUST RED of Income ., Partnership farm Income) 00 00 00 00 0,000 0,000 0,000 0,000 0,000,000
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