	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child	sets, "unearned"	m this report any other as	- 1	Exemptions-
Yes Uo	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?	ved by the Comm details of such a t	slified Blind Trusts" appro	Details regarding "Quadisclosed. Have you e	Trusts-
TIONS	ATION ANSWER EACH OF THESE QUESTIONS	JST INFORM	ENDENT, OR TRU	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	EXCLUSIO
	schedule attached for each "Yes" response.			If yes, complete and attach Schedule V.	If yes, com
and the appropriate	Each question in this part must be answered and the appropriate	¥88 € No □		than \$10,000) during the reporting period?	V. than \$10,000
			any reportable liability (more	Did you, your spouse, or a dependent child have any reportable liability (more	
	If yes, complete and attach Schedule IX.			If yes, complete and attach Schedule IV.	if yes, com
Yes V No	IX. orthy?	Yes No	00 during the reporting	and you, your spouse, or repairment claim provinces, east, or excitange any reportable asset in a transaction exceeding \$1,000 during the reporting nation?	IV. reportable at
	If yes, complete and attach Schedule VIII.			If yes, complete and attach Schedule III.	If yes, com
Yes V No	VIII. current calendar year?	Yes No	iny reportable asset worth	more than \$1,000 at the end of the period?	III. more than \$2 more than \$1
in the	If yes, complete and attach Schedule VII.		by "impermed" income of	If yes, complete and attach Schedule II.	nid yes, com
n \$335 Yes 🗌 No	VII reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No V	aporting period?	you for a speech, appearance, or article in the reporting period?	II. you for a spe
travel or	Did you, your spouse, or a dependent child receive any reportable travel or		ion to charity in lieu of paying	Did any individual or organization make a donation to charity in lieu of paying	Did any indiv
	When complete and attach schedule VI			niete and attach Schedule i	If yes com
giftin Yes No	Old you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise	Yes 🕢 No 🗌	e.g., salaries or fees) of \$200 ?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	bld you or you or you
	QUESTIONS	OF THESE	- ANSWER EACH	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	PRELIMIN
late.		☐ Termination	☐ Amendment	Annual (May 15)	Type /
more than 30 days	Termination Date:]			Report
be assessed agains	Employee		atives District: 01	House of Representatives	Status
A \$200 penalty shall	Employing Office:		State: SC	Member of the U.S.	Filer
(Office Use QnW)	(Daytime Telephone)		(Full Name)	(F	
2011 MAY 23 AM 11	843-343-4990		TIM SCOTT	TIN	
	For use by Members, officers, and employees	MENT	DISCLOSURE STATE	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	CALENDAR
MAI -	FORM A Page 1 of 9	TATIVES	OF REPRESEN	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED

because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

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SCHEDULE 1 - EARNED INCOME

Name TIM SCOTT

Page 2 of 9

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.

SC STATE LEGISLATURE SALARY \$22,400 TIM SCOTT & ASSOCIATES, INC. SALARY \$60,600	Source	Туре	Amount
SALARY	SC STATE LEGISLATURE	SALARY	\$22,400
	TIM SCOTT & ASSOCIATES, INC.	SALARY	\$60,600

				lden a fai and genw Prov sym Prov self-exer asse address publication active act	7 4
PATHWAY REAL ESTATE GROUP, LLC	GREAT WEST MUTUAL PENSION	GIDEON PROPERTIES, LLC 1403-1409 ASHLEY RIVER ROAD CHARLESTON, SC 29407	ALLSTATE INSURANCE STOCK	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) 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. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting vacation homes (unless there was rental income during the reporting vacation homes (unless there was rental income during the reporting vacation homes (unless there was rental income during the reporting vacation homes (unless there was rental income during the reporting vacation homes (unless there was rental income during the reporting vacation homes (unless the value at the order in vacation in the provide and the vacation in the vacation in the provide and the vacation in the	SCHEDOLE III - ASSETS AND ONEAKNED INCOME
None	None	\$1,000,001 - \$5,000,000	\$15,001 - \$50,000	Year-End 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 and is included only because it is generated income, the value should be "None."	Name TIM SCOTT
Other: REAL ESTATE AGENCY;	Other: PENSION	RENT	DIVIDENDS	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 "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.	BI OCK C
NONE	\$5,001 - \$15,000	\$2,501 - \$5,000	\$2,501 - \$5,000	Amount of Income 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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BI OCK D
σ	S(part)			Transition for the second state of the second	Page 3 of 9

SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name TIM SCOTT	OTT		Page 4 of 9
	ERTOWN INVESTMENTS,	\$100,001 -	RENT	NONE	
<u></u>	118 TWO HITCH ROAD SUMMERVILLE, SC 29483	\$250,000			
	TIM SCOTT & ASSOCIATES, INC.	\$500,001 - \$1,000,000	Other:	\$5,001 - \$15,000	
_			AGENCY FOR	_	
			INSURANCE		
			(SOLD IN		
			2011/DIVIDENDS		

SCHEDULE IV - TRANSACTIONS

Name TIM SCOTT

Page 5 of 9

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.	0	5	0	<u>N</u>
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GREAT WEST MUTUAL PENSION S(part) PATHWAY REAL ESTATE GROUP, LLC S	SP,		Type of	Capital Gain in		
S(part) Yes 10-12-10 S No 12-31-10	JT.	Asset	Transaction	excess of \$2007	Date	Amount of Transaction
S No 12-31-10		GREAT WEST MUTUAL PENSION	S(part)	Yes	10-12-10	\$1,001 - \$15,000
		PATHWAY REAL ESTATE GROUP, LLC	S	S	12-31-10	\$581

Name TIM SCOTT

Page 6 of 9

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.

	SP, DC,		Date Liability		
	JT	Creditor	Incurred	Type of Liability	Amount of Liability
		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,	\$250,001 - \$500,000
-				CHARLESTON, SC 29407 (GIDEON PROPERTIES, LLC); PERSONAL GUARANTEE SIGNED	
		WACHOVIA BANK (WELLS FARGO BANK)	2005	MORTGAGE ON 118 TWO HITCH ROAD, GOOSE CREEK SC 29445	\$50,001 - \$100,000
_				PERSONALLY GUARANTEED/LIABLE)	

SCHEDULE VIII - POSITIONS

Name TIM SCOTT

Page 7 of 9

honorary nature; and positions listed on Schedule I. 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 Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor,

Position	Name of Organization
MEMBER/BD OF DIRECTORS	TRIDENT HOSPITAL SYSTEMS (RESIGNED FROM POSITION)
PARTNER/MEMBER	GIDEON PROPERTIES, LLC
PARTNER/MEMBER	RIVERTOWN INVESTMENTS, LLC
PARTNER/MEMBER	PATHWAY REAL ESTATE GROUP, LLC (RESIGNED & LIQUDATED INTEREST-SEE SECTION III & IV)
PARTNER/MEMBER	HOPE FLOATS, LLC
STOCKHOLDER/PRESIDENT	TIM SCOTT & ASSOCIATES, INC. (INSURANCE AGENCY SOLD IN 2011)

SCHEDULE IX - AGREEMENTS

Name TIM SCOTT

Page 8 of 9

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- SC	SC RETIREMENT SYSTEM	AT AGE 60, CAN BEGIN RECEIVING RETIREMENT BENEFITS

FOOTNOTES

ယ N Number Schedule VII Schedule III Schedule III Section / Schedule PREVIOUS REPORTED DIRECTOR POSITION WITH ROPER/ST. FRANCIS HOSPITAL FOUNDATION; MR SCOTT PATHWAY REAL ESTATE GROUP, LLC INTEREST WAS SOLD/LIQUIDATED AT END OF YEAR. **RESIGNED FROM THIS POSITION IN 2009 SOLD IN 2011** TIM SCOTT & ASSOCIATES, INC.-INSURANCE AGENCY Name TIM SCOTT Footnote FRANCIS HOSPITAL ROPER/ST. ASSOCIATES, INC. PATHWAY REAL ESTATE GROUP, LLC FOUNDATION TIM SCOTT & the following item This note refers to Page 9 of 9