				ND ERED
UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT	Form A	cers, and Employees]	Page 1 of
Name: David Scolf Day	ytime Telephone: 22	2 <i>57</i> 39 39 1	10m H 0 H	MC
FILER STATUS Member of or Candidate for U.S. House of Representatives State: GA District: 13		officer or Employees of the Employees. HOUSE OF	REPRESENTATIVES	-
REPORT TYPE 2013 Annual (Due: May 15, 2014)	Amendment	Termination	n Date:	
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE C	UESTIONS			
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearmed income from any reportable asset during the reporting period? Yes Yes	No outside entity du	any reportable agreement o rring the reporting period or i the date of filing?		No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No reportable gift(s)	spouse, or your dependent totaling more than \$350 in to e reporting period?		No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/iRA distributions) of \$200 or more during the reporting period?	No reportable travel	spouse, or your dependent for reimbursements for trave om a single source during the	el totaling more than Yes	No X
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?		duel or organization make a qui for a speech, appearance, ?		No X
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No ATTACH TH	IE CORRESPONDIN	IG SCHEDULE IF YOU ANSW	VER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRU	ST INFORMATION - ANS	SWER EACH OF	THESE QUESTIONS	
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Of the Committee on Ethics for further guidance.	fering during the reporting period? If y	ou answered "yes" to this q	question, please contact	No 🗌
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Et this report details of such a trust that benefits you, your spouse, or dependent child?	thics and certain other "excepted trust	s" need not be disclosed. H	Have you excluded from Yes	No
EXEMPTION – Have you excluded from this report any other assets, "unearned" incontests for exemption? Do not answer "yes" unless you have first consulted with the Contests for exemption.	ne, transactions, or liabilities of a spou nmittee on Ethics.	se or dependent child beca	iuse they meet all three Yes	No 🗌

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Dand Scott Page 2 of 9

BLOCK A	_					BLC	OCK B					_						BLO	CK C			Т					BLC	CK D	_					BLOCK E
Asset and/or Income Source					٧a	lue :	of A	ssei	ŧ								Тур	e of	Inc	ome		ı			A	moi	unt :	of In	con	10				Transaction
(dentify (a) exch asset held for investment or proposacion of morpins and with a fair market value acceeding \$1,500 at the end of the reporting particle and (b) eny other reportable asset or source of income that generated more than \$200 in "unearmed" income during the year. Provide complete names of stocks and mutual funds (so not use only licker symbols) For all RAAs was other retreament plans (such as \$01(5) plans) provide the value for each asset held in	valu used If an beco *Cool you	ation I d. n asse ause R lumn R	method at was general Vilator	sold (sold (ated in assets	than fa luring come,	air ma the n the va	irket v eportii slue si	aiue, ng pe nguld	pleas anod be "N	and i	s ind	he me luded	anly	gene 529 colui ever for a	erate 1 acco mn 1 If re 1 acets 2 asse	tax-de unts), Divid bistyes s hek	ferred you lends Hed, I in ta	may may , inte must exable	me (su chec presi, be d	ich as k the und Usclos Mitts.	accounts that 401(k), IRA, or "Tax-Deferred" capital gains, sed as issome Check "None" of the reporting	may cate Divi mus acc gen	check gory dend: st be ounts araled	k the of ma e, into disci . C	"None come erest, losed theck	by c and as I No	heckul Cap Incon	Foreing thing the foreing fore	elioth ne app palma, rass inco	erest propri even ets i	sets in ate b i if re neld i was e	ndicati xx bi xinver in tex	e the slow sted, able d or	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period if only a portion of an asset was sold please indicate as follows: (S (part)).
the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-beining accounts if the total is over \$5.000, tall every financial institution where there is more than \$1.000 in interest bearing accounts.	1	8	С	0	£	F	G	н	1	J	к	L	М									Ī	II	Ħ	IV	٧	VI	VII	VIII	DX.	X	x	XiI	Leave this column blank if there are no transactions that exceeded \$1,000.
For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property," and a city and state.	İ					:																l											j	
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the fisture of its activities, and its peographic location in Block A.																																		
Exclude: Your Desconal reacterion, including second nomes and vacaden homes (unless there was read- nomed during the reporting period), and any financial niceses it. or focome derived from. a few reterement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an excepted investigant Fund, plages check the "EIF"													.00								e or Farm Income)												ww \$1,000,000*	
you so choose, you may indicate that an asset or nocome source is that of your spouse (SP) or spessed with anyone of the property of the prope		\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,050	\$50.001-\$100.000	\$100,001-5298,400	\$250,001-\$500,000	\$500,0001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-625,000,000	\$25,000 001-\$50.000,000	Over \$50,000,000	Syouse/DC Asset over \$1,000,000*	3HCH	DIVIDENDS	REMT	Interest	CAPITAL GAINS	EXCEPTED/BLIND TRUST	AX-DEFENSED	Other Type of Income (Specify e.g., Parbership Incom	None	114200	\$201-\$1.000	\$1 001-\$2,500	12,501-45,000	\$5,001-\$15,000	\$15,001-550,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,500,000	SpousaDC Asset with Income o	P.S.S(part), or E
BP,		~	<u> </u>	-	₩	۵.	"	**	-	-	-	٠	\$	Ĥ	×		-	÷	_	_	0.0	۴	<u>"</u>	-	X	•	<u> </u>	-	Ë	-	-	-	-	S(part)
DC, SP Mega Corp Stock			lodefinii	L	x	┝╼┤		-				-		H	۸.				ŀ		Royalses	Ͱ		-	^							Н		
Examples: Servor & Schoster ABC Hedge Fund X			(CATACAM)				×														Parmership income							_						
legislative Pension, Stale Of Georgia	Ι.				-		,							6	 Q O		5,			7	C_						×							
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SCHEDULE B~TRANSACTIONS

Name: Dand Scott Page 3 of 9

Report an	y purchase, sale, or exchange transactions that exceeded \$1,000 in the	T	ype of Ti	ransacti	on		Date				Aı	nount	of Tra	nsact	on			
reporting period of any security or real property held by you, your spouse, or your dependent chaif for investment or the production of income. Include Iransactions that resulted in a capital loss. Physide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless at generated rental income. If only a portion of an asset is sold, please choose "paralla sale" as the type of transaction. Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check						Check Box If Capital Gain Exceeded \$200	(MC/DA/YR) or Quarterly, Monthly, or Bi- weekly, if	A	9	С	D	E	F	9	н	- 	900 000	K (jeese) 3
the "capital the capital " Column I	I gains" box, unless it was an easet in a fax-deferred account, and disclose gain income on Schedule A. Is for assets solely held by your spouse or dependent child	Purchase	33	3	Exchange	Check Box Exceeded	mbbicapie	\$1,001- \$15,000	\$15.001- \$50.000	\$50,001 \$160,000	\$100.001 \$250.000	400'005\$	\$1,000,001- \$1,000,000	\$1,000,000 \$6,000,000	\$5 900,901- \$25,000,000	\$25,000,001- \$460,000,000	Dver \$50.000 000	Over \$1,000,000* (SpouseDC Asset)
SP. DC. JT	Asset				ļ						<u> </u>			ļ				<u> </u>
SP	Example Mega Corp Stock			x		X	3/5/13		X				<u> </u>					
	Dayn-Mark Advertising see notes Atlanta, Georgia					<u> </u>		ļ										
	" see notes		\mathcal{N}	A							<u> </u>							ļ
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SCHEDULE C - EARNED INCOME

Name: Dand Scoll	Page 4 of 9
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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 reporting period. 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.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

	Source (include date of receipt for honoraria)	Туре	Amount
El	Keene Slate	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Examples:	State of Maryland Civil War Roundlubble (Oct. 2) Onlarko Conryl Board of Education	Spouse Speech Spouse Satery	\$1,000 N/A
State	e of Georgia	Legislative Pension	# 11,724

SCHEDULE D - LIABILITIES

	C. All	J., C., Q
Name: Dain'd	Scott	Pageof

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude. Any mortgage on your personal residence (unless you rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. Column K is for liabilities held solely by your spouse or dependent child.

								A	moun	t of Li	ability				
SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$108,001- \$250,000	\$550,001- \$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	Over \$1,000,000* (Spoure/DC Lisbilly)
	Exemple	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	-			x							
	Sun	Touch	1/2013	DC Home Mortgage					7						
	Bank	of America	6/2007	l Httknta, (5A				*							
				Horse Mortgage											
				0 8						<u> </u>				<u> </u>	
						<u> </u>									

SCHEDULE E - POSITIONS

consultant of any corporation, firm, partnership, or other busing	during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or iness enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions raternal, or political entities (such as political parties and campaign organizations), and positions solely of an honorary nature.
Position	Name of Organization
Board of Aduisons	Dean Rusk center UBA School of Law
unpaid	

SCHEDULE F - AGREEMENTS

Name: Daud Scolf Page 6 of 9

Date	Parties to Agreement	Terms of Agreement
//2	Myself and State of Georgia	continued participation in the Legislative Pension Plan.
	0,	Legislative Pension Plan.
		0
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SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source Description		Va	alue
Example.	Mr. Jüseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400	
- -				
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Name: Da Ni	d scot	Page 7 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s) City of Departure - Destination - Lodging? Food? Familindus (Y/N) (Y/N) (Y/N)		Family Member Included? (Y/N)		
	Government of China (MECEA)	Avg. 6-11 DC-Beşing, Chara - DC		Y	Y	N
Examples	Habitat for Humanity (chanty fundraliser)	Mar 3-4	DC-Boaton-DC	Y	Y	Υ
					_	
						

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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	- 10(0	900		

List the source separate confic	 activity (i.e., speech, appearance, or article), date, and amount of any payment made be lential list of charities receiving such payments must be filed directly with the Committee on 	by the sponsor of an event to a charitable org. Ethics.	anization in lieu of paying a	n honorarium to you. A
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb. 2, 2013 Aug. 13, 2013	\$2,000 \$500
			•	1
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FILER	NOTES
(Optio	nai)

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NOTE NUMBER	NOTES					
	Dayn-Mark Advartising is no longer an owner. The book					
	Dayn-Mark Advartising is no longer an asset. The book of bysiness is closed and was not sold or transferred.					
						
						