

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT**

Form A  
 For use by Members, officers, and employees

**HAND DELIVERED** Page 1 of —

LEGISLATIVE RESOURCE CENTER

2014 JAN 17 PM 2:44

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

Name: Jones Austin Scott

Daytime Telephone: 202-225-6531

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>GA</u>	District: <u>6</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	Termination Date:
<b>Report Type</b>	<input type="checkbox"/> Annual (May 15, 2013)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	<b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b>		

**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 \$350 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 \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input 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 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.	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 type="checkbox"/> No <input checked="" 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"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

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

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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[illegible]

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

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BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income												BLOCK E Transaction	
	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
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*																																			
Amens Bank Checking																																			
ITNS Insurance Trust																																			
SP The Southern Gray LLC																																			
Income																																			
SP 1/2 interest in condo																																			
B-Branch ID																																			
Banner Elk, d/c																																			
DC UGMA AIM FUNDS																																			
Charter Constellation Global Growth																																			
Trustee James W Scott																																			
DIIT																																			
Empire General Life																																			
John Hancock Life																																			
1021 McLendon Street																																			
Ashburn, VA																																			
Lochert Station bridge LLC																																			
1/3 owner 150 Acres																																			
Douglas County Land Co																																			

P S E

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

James Austin 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		
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, W	
	John Hancock Variable Life																																			
	American growth		X																																	
	American growthfund		X																																	
	incentive																																			
	American international		X																																	
	American Bond		X																																	
	Principal Brokerage																																			
	Money Market		X																																	
	Principal IRA		X																																	
	Ballard Power		X																																	
	Plus Power		X																																	
	Money Market																																			
	Principal IRA																																			
	50 Principal IRA Statement Attached																																			
	50 Principal 401(k)																																			
	Principal Line Corp		X																																	
	Principal Mid Corp		X																																	
	Principal Small Corp		X																																	
	American Euro Pacific		X																																	
	Private Bancorp		X																																	
	Loan to Scott for GA		X																																	

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