

# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

<input type="checkbox"/> Amendment			
Last Name		First Name and Middle Initial	
SCOTT		TIMOTHY E.	
Senate Office Address (Number, Street, City, State, and ZIP Code)		Calendar Year Covered by Report	Senate Office / Agency in Which Employed
113 HART SENATE OFFICE BLDG. WASHINGTON, DC 20510		2012	SENATOR-SC
Senate Office Telephone Number (include Area Code)		Termination Report	
202-224-6121		Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed
			US HOUSE- SC DIST 1

## AFTER READING THE INSTRUCTIONS – ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
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 PART I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$350 from one source)? If Yes, complete and attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete & attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, complete and attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, complete and attach PART IV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or 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 PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your <b>FIRST</b> Report: Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, complete and attach PART X.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Each question must be answered and the appropriate PART attached for each "YES" response.**

	<p><b>FOR OFFICIAL USE ONLY</b> Do Not Write Below this Line</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED, CLERK OF THE SENATE MAY 15 AM 8:46</p> </div>
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Reporting Individual's Name <b>TIM SCOTT</b>		<input type="checkbox"/> Amendment		<b>PART I. PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA</b>			Page Number <b>1</b>	
<p>Report the source (name and address), date, and amount of any payment from each source to a charitable organization made in lieu of honoraria to you during the reporting period. Identify the activity (speech, article, or appearance), which generated the payment. For further information, see Instructions.</p> <p><b>Note:</b> Travel expenses in excess of \$350 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.</p>								
Date of Payment		Name of Source	Address (City, State)		Speech, Article, or Appearance	Amount		
Example:	3/26/1X	Association of American Associations	Wash., DC	EXAMPLE	Speech	\$1,000		
	7/23/1X	XYZ Magazine	NY, NY	EXAMPLE	Article	\$500		
1		NONE						
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<p>A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.</p>								

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Reporting Individual's Name <b>TIM SCOTT</b>		<input type="checkbox"/> Amendment		<b>PART II. EARNED AND NON-INVESTMENT INCOME</b>		Page Number <b>2</b>	
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Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

**Individuals not covered by the Honoraria Ban:**  
For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1	GREAT WESTERN RETIREMENT SERVICES	GREENWOOD VILLAGE, CO	RETIREMENT/ANNUITY	\$14,372
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Reporting Individual's Name <b>TIM SCOTT</b>		<b>PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES</b>										Page Number <b>3</b>																				
<b>BLOCK A</b> <b>Identity of Publicly Traded Assets And Unearned Income Sources</b>  Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, <i>CONTENTS OF REPORTS Part B of Instructions</i> ) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.		<b>BLOCK B</b> <b>Valuation of Assets</b>  At the close of reporting period. If None, or less than \$1,001, Check the first column.										<b>BLOCK C</b> <b>Type and Amount of Income</b>																				
												Type of Income					Amount of Income															
												None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
Example: S, IBM Corp. (stock) Example: DC, (S) Keystone Fund or J													X					Example		X												Example
																X		Example	X												Example	
1	ALLSTATE INSURANCE (STOCK)			X								X							X													
2	OPPENHEIMER GLOBAL		X									X							X													
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.  
 \*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name <b>TIM SCOTT</b>		<input type="checkbox"/> Amendment		PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES															Page Number <b>4</b>																								
<b>BLOCK A</b> <b>Identity of Non-Publicly Traded Assets and Unearned Income Sources</b>  Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a <u>non-public</u> trade or business which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.				<b>BLOCK B</b> <b>Valuation of Assets</b>  At the close of reporting period. If None, or less than \$1,001, Check the first column.										<b>BLOCK C</b> <b>Type and Amount of Income</b>																													
														<b>Type of Income</b>										<b>Amount of Income</b>																			
														None Dividends Rent Interest Capital Gains Excepted Investment Fund Excepted Trust Qualified Blind Trust Other (Specify Type)										None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$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										Actual Amount Required if "Other" Specified									
Example: S, JP Computer, Software Design, Wash DC or J Undeveloped land, Dubuque, Iowa														Example										Example																			
1 GILSON PROPERTIES, LLC 4557-1400 ON ASHLEY RIVER RD, CHARLESTON, SC (COMMERCIAL REAL ESTATE) PARTNERSHIP INTEREST, DEPOSED 12/31/12														X										X																			
2 RIVINGTON INVESTMENTS, LLC 119 TWO HITCH ROAD, SUMMERVILLE, SC (RESIDENTIAL REAL ESTATE) PARTNERSHIP INTEREST														X										X																			
3 DAN MARTIN CAROLINA INSURANCE GROUP, LLC CHARLESTON, SC INTEREST PORTION OF INSTALLMENT NOTE														X										X																			
4 DAN MARTIN CAROLINA INSURANCE GROUP, LLC CHARLESTON, SC CAPITAL GAIN PORTION OF INSTALLMENT NOTE														X										X																			
5 WELLS FARGO BANK, NA CHARLESTON, SC CHECKING/SAVINGS ACCT.														X										X																			
6 ALLSTATE INSURANCE COMPANY UNIVERSAL LIFE INSURANCE POLICY-ROANOKE, VA CASH VALUE BETWEEN \$1K & \$15K														X										X																			
7 ALLSTATE INSURANCE COMPANY UNIVERSAL LIFE INSURANCE POLICY-ROANOKE, VA CASH VALUE BETWEEN \$1K & \$15K														X										X																			
8 CONGRESSIONAL FEDERAL CREDIT UNION WASHINGTON, DC CHECKING/SAVINGS ACCT.														X										X																			
9 FIRST CITIZENS BANK CHARLESTON, SC CHECKING/SAVINGS ACCT.														X										X																			
10 GREAT WESTERN MUTUAL PENSION GREENWOOD VILLAGE, CO ANNUITY (CLOSED OUT IN 2012)														X										X																			

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name <b>TIM SCOTT</b>		<b>PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES</b>										Page Number <b>5</b>																	
<b>BLOCK A</b> <b>Identity of Non-Publicly Traded Assets and Unearned Income Sources</b>  Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a <u>non-public</u> trade or business which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.		<b>BLOCK B</b> <b>Valuation of Assets</b>  At the close of reporting period. If None, or less than \$1,001, Check the first column.								<b>BLOCK C</b> <b>Type and Amount of Income</b>																			
										Type of Income					Amount of Income														
										None Dividends Rent Interest Capital Gains Excepted Investment Fund Excepted Trust Qualified Blind Trust Other (Specify Type)					None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$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					Actual Amount Required if "Other" Specified									
Example: S, JP Computer, Software Design, Wash DC.										X					X					Example									
Example: DC, Undeveloped land, Dubuque, Iowa										X					X					Example									
1	HERITAGE TRUST FOR CHARLESTON, SC CHECKING/SAVINGS ACCT.	X													X														
2	SC RETIREMENT SYSTEM COLUMBIA, SC STATE RETIREMENT														X					STATE RETIREMENT									
3	TIM SCOTT & ASSOCIATES, INC., CHARLESTON, SC PRIVATELY HELD BUSINESS (NOT ACTIVELY IN BUSINESS)									X										X									
4	LINCOLN BENEFIT/STATE INSURANCE COMPANY VARIABLE LIFE INSURANCE POLICY - ROANOKE, VA ASSETS- FIDELITY GROWTH IC- 51,547	X								X										X									
5	LINCOLN BENEFIT/STATE INSURANCE COMPANY (SAME POLICY AS ABOVE) VARIABLE LIFE INSURANCE POLICY - ROANOKE, VA ASSETS- FIDELITY ASSET MANAGER IC- 51,517	X								X										X									
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Reporting Individual's Name <b>TIM SCOTT</b>		<input type="checkbox"/> Amendment		<b>PART IV. TRANSACTIONS</b>										Page Number <b>6</b>	
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Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Identification of Assets				Transaction Type (x)			Transaction Date (Mo., Day, Yr.)	Amount of Transaction (x)									
S, DC, or J	Asset Description	Purchase	Sale	Exchange	\$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	Over \$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	
Example:	IBM Corp. (stock) NYSE	X			2/1/1X		X			E	X	A	M	P	L	E	
	(DC) Microsoft (stock) NASDAQ/OTC		X		1/27/1X				X	E	X	A	M	P	L	E	
1	GIDEON PROPERTIES, LLC PARTNERSHIP INTEREST		X		12/31/12			X									
2	GREAT WESTERN MUTUAL PENSION (ANNUITY CLOSED OUT) SEE PART II FOR DISCLOSURE OF INCOME		X		8/1/12	X											
3	HOPE FLOATS, LLC (PARTNERSHIP DISSOLVED) (NO MONETARY TRANSACTION)		X		1/1/12												
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Reporting Individual's Name <b>TIM SCOTT</b>		<input type="checkbox"/> Amendment		<b>PART V. GIFTS</b>		Page Number <b>7</b>	
<p>Report the source, brief description and value of all gifts aggregating more than \$350 in value received by you, your spouse, or your dependent child, (See p.3 CONTENTS OF REPORTS Part B of Instructions), from each source. Gifts with a value of \$140 or less need not be aggregated towards the disclosure threshold. "Gift" is defined in the Instructions.</p> <p><b>Exclude:</b> (1) Bequests and other forms of inheritance; (2) Political campaign contributions; (3) Communications to your offices including subscriptions to newspapers and periodicals; (4) Consumable products provided by home state businesses to your offices, if those products are intended for consumption by persons other than yourself; (5) Gifts received prior to your Federal employment; (6) Gifts to your spouse or dependent child totally independent of his or her relationship to you; (7) Gifts from relatives; (8) Personal hospitality of any individual (see instructions); (9) meals and beverages <u>unless</u> consumed in connection with a gift of overnight lodging; and (10) Food, lodging, transportation, and entertainment provided by a foreign government within a foreign country, or by federal, state, D.C., or local governments.</p>							
Name of Income Source		Address of Source		Dates and Brief Description		Gift Value	
Example:	Mr. John Q. Smith	Anytown, VA	<b>EXAMPLE</b>	August 12, 201X, Silver platter - Ethics Committee wedding waiver granted		\$400	
1	NONE						
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<b>Note:</b> The Senate Gift Rule prohibits most gifts from lobbyists and foreign agents and most gifts from other sources in excess of \$49.99.							

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Reporting Individual's Name <b>TIM SCOTT</b>		<input type="checkbox"/> Amendment		<b>PART VI. REIMBURSEMENTS</b>		Page Number <b>8</b>	
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Report necessary travel related expenses from each source aggregating more than \$350 in value during the reporting period received by you, your spouse and/or dependent child in connection with your provision of services at a speaking engagement, fact-finding event, or other event (personal campaign, or otherwise). Disclosure is required regardless of whether those expenses were reimbursed to the individual or paid directly by the sponsoring organization. A description of the itinerary, including date(s) and the nature of expenses is required. If you are reimbursed for more than one trip from the same sponsor (and the trips added together are worth more than \$350), then you must report each trip individually, even if the reimbursement for each separate trip does not equal more than \$350. Report Gifts of travel in Part V.

**Exclude:** Travel related expenses provided by federal, state, D.C., and local governments; or by a foreign government; reimbursements from campaign funds which are reported to the FEC; reimbursements to a spouse or dependent child totally independent of his or her relationship to you; and reimbursements reported to the Office of Public Records pursuant to Senate Rule 35. For further information, see Instructions.

Name of Income Source		Address of Source	Dates and Brief Description
Example:	All States Company	Maintown, TX <b>EXAMPLE</b>	Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 201X <b>EXAMPLE</b>
1	NONE		
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Reporting Individual's Name <b>TIM SCOTT</b>		<b>PART VII. LIABILITIES</b>						Page Number <b>9</b>											
Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) mortgages on your personal residences unless rented (except for Senators); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.				Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	Category of Amount of Value (x)											
Name of Creditor		Address	Type of Liability					\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$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	
S, Example: DC, or J		First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			X		E	X	A	M	P	L	E
(J) John Jones		Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X	E	X	A	M	P	L	E	
1		WELLS FARGO BANK	CHARLESTON, SC	MORTGAGE ON 178 TWO HATCH ROAD, GOOSE CREEK, SC (JOINTOWN INVESTMENTS, LLC) PERSONALLY GUARANTEED BY PARTNER	2005	6.375%	N/A	15 YRS			X								
2		BANK OF AMERICA	CHARLESTON, SC	LINE OF CREDIT FOR TIM SCOTT & ASSOCIATES, INC. (PERSONALLY GUARANTEED)	2001	4.75%	N/A	OPEN			X								
3		FIRST FEDERAL OF CHARLESTON	CHARLESTON, SC	MORTGAGE ON 1403-48 ASHLEY RIVER ROAD, CHARLESTON, SC (JOELSON PROPERTIES, LLC) PERSONALLY GUARANTEED BY PARTNER	2012	4.625%	N/A	12 YRS					X						
4		BANK OF AMERICA (REFINANCED WITH FIRST FEDERAL ON 07/1/12 SEE ABOVE)	CHARLESTON, SC	MORTGAGE ON 1403-48 ASHLEY RIVER ROAD, CHARLESTON, SC (JOELSON PROPERTIES, LLC) PERSONALLY GUARANTEED BY PARTNER	2006	6.92%	N/A	15 YRS					X						
5		BANK OF AMERICA	CHARLESTON, SC	MORTGAGE ON PRINCIPAL RESIDENCE	2001	5.875%	N/A	20 YRS			X								
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. ☐  
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Reporting Individual's Name

☐ Amendment

TIM SCOTT

**PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT**

Page Number

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Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

**Exclude:** Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY, NY <b>EXAMPLE</b>	Non-profit education	President	6 / 91	Present
	Jones & Smith	Hometown, USA <b>EXAMPLE</b>	Law Firm	Partner	7 / 98	11 / 1X
1	<small>GEORGE PROPERTIES, LLC PARTNERSHIP INTEREST WAS DISPOSED OF AS OF 12/31/12 SEE PART IV B TRANSACTIONS</small>	CHARLESTON, SC	LLC (COMMERCIAL RENTAL)	PARTNER/MEMBER	1/06	12/12
2	RIVERTOWN INVESTMENTS, LLC	CHARLESTON, SC	LLC (RESIDENTIAL RENTAL)	PARTNER/MEMBER	1/5	PRESENT
3	<small>TIM SCOTT &amp; ASSOCIATES, INC. UNIT ACTIVE CORP-HELD INSTALLMENT NOTE FOR SALE OF INSURANCE AGENCY- RECEIVED FINAL PAYMENT APRIL 2013</small>	CHARLESTON, SC	<small>CORPORATION (FORMERLY INSURANCE AGENCY) (NOW INACTIVE)</small>	STOCKHOLDER/PRESIDENT	11/99	PRESENT
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Compensation in excess of \$200 from any position must be reported in Part II.

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Reporting Individual's Name <b>TIM SCOTT</b>		<input type="checkbox"/> Amendment		<b>PART IX. AGREEMENTS OR ARRANGEMENTS</b>		Page Number <b>11</b>	
<p>Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book or sale of other intellectual property), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.</p>							
<b>Status and Terms of any Agreement or Arrangement</b>				<b>Parties</b>		<b>Date</b>	
<b>Example:</b> Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan) Employment agreement with XYZ Co. to become Vice President of Government Relations. Terms of agreement include salary between \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock options				Jones & Smith, Hometown, USA <b>EXAMPLE</b>  XYZ Co., Bethesda, MD <b>EXAMPLE</b>		1 / 94  1 / 1X	
1	AS RESULT OF FORMER POSITION IN STATE HOUSE AS LEGISLATOR, CAN RECEIVE RETIREMENT BENEFITS UPON REACHING AGE OF 60			SC RETIREMENT SYSTEM, COLUMBIA, SC		1/08	
2							
3							
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Reporting Individual's Name

☐ Amendment

TIM SCOTT

**PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Page Number

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**FIRST TIME FILERS ONLY: (Except Candidate Reports - All Candidate Reports Must Include Part X If Applicable)**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties
Example:	Jones & Smith	Hometown, TX	Legal Services <b>EXAMPLE</b>
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction <b>EXAMPLE</b>
1	NONE		
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