



Filing ID #10050959

# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

## FILER INFORMATION

**Name:** Andrew Horne  
**Status:** Congressional Candidate  
**State/District:** AZ01

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2023  
**Filing Date:** 05/14/2023

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Arizona Dental Services PLLC, 100% Interest [OL]  LOCATION: Phoenix, AZ, US DESCRIPTION: Dental Management		\$500,001 - \$1,000,000	None		
Education Fund [5P]  LOCATION: AZ		\$100,001 - \$250,000	None		
Horne Family Trust ⇒ Farmland [FA]  LOCATION: Clay, MN, US DESCRIPTION: Leased Farmland		\$5,000,001 - \$25,000,000	Rent	\$50,001 - \$100,000	\$50,001 - \$100,000
Residence [RP]  LOCATION: Phoenix, AZ, US		\$1,000,001 - \$5,000,000	None		
Roth IRA ⇒ Roth IRA [IH]		\$50,001 - \$100,000	None		
Salt River Orthodontics PLLC, 100% Interest [OL]		\$100,001 - \$250,000	Dividends	\$15,001 - \$50,000	\$15,001 - \$50,000

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
LOCATION: Phoenix, AZ, US					
DESCRIPTION: Orthodontic Consulting					

\* Asset class details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Salt River Orthodontics	Clinical Orthodontics	\$110,000.00	\$219,000.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	BMO Harris Bank	September 2022	Home Mortgage	\$500,001 - \$1,000,000
	Huntington Bank	April 2023	Arizona Dental Services PLLC	\$500,001 - \$1,000,000

SCHEDULE E: POSITIONS

Position	Name of Organization
President	Salt River Orthodontics
President	Arizona Dental Services
Member	Horne Family Trust

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
CL Dental Management LLC (Phoenix, AZ, US)	Orthodontist

SCHEDULE A ASSET CLASS DETAILS

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- Horne Family Trust
- Roth IRA

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 ☒ No

**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?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Andrew Horne , 05/14/2023