

# UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

Form A

Name: Garland "Andy" Barr Daytime Telephone: 202-225-4704

U.S. HOUSE OF REPRESENTATIVES  
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**HAND DELIVERED** 1 of 2  
2016-06-07 PM 12:10

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>KY</u> District: <u>06</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
REPORT TYPE	<input type="checkbox"/> 2015 Annual (Due: May 16, 2016)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination:

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

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? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

## IPO AND 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 during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	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 that benefits 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 your 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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**Use additional sheets if more space is required.**

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**Use additional sheets if more space is required.**

Name: Gustard "Andy" Barr

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**Capital Gains.** If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

Asset	SP, DC, JT
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[illegible]

Name: Gustard "Andy" Baur

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Source (include date of receipt for honoraria)

[illegible]

# **SCHEDULE D - LIABILITIES**

Name: Gartland "Andy" Barr Page 6 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed 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 the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$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	\$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* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	US Bank	11/13	Mortgage on Personal Resid					X						
	Central Bank + Trust	11/13	Home Eq loan on Personal Residence		X									

## **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

# **SCHEDULE F – AGREEMENTS**

Name: Gurland "Andy" Barr Page 7 of 8

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 Agreement	Terms of Agreement
11/12/04	KY Employees Retirement System	Cash value \$22,695 (12/31/15) benefit \$598/mo payable beginning 8/1/2038

# **SCHEDULE G – GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your 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 \$150 or less need not be added towards the \$375 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

Name: Garland "Andy" Barr

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**EXCLUDE:** 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.

[illegible]



Charles W. Dent, Pennsylvania  
*Chairman*  
Linda T. Sánchez, California  
*Ranking Member*

Patrick Meehan, Pennsylvania  
Trey Gowdy, South Carolina  
Susan W. Brooks, Indiana  
Kenny Marchant, Texas

Michael E. Capuano, Massachusetts  
Yvette D. Clarke, New York  
Ted Deutch, Florida  
John B. Larson, Connecticut



ONE HUNDRED FOURTEENTH CONGRESS

## U.S. House of Representatives

COMMITTEE ON ETHICS

June 13, 2016

Thomas A. Rust  
*Staff Director and Chief Counsel*

Joanne White  
*Administrative Staff Director*

Clifford C. Stoddard, Jr.  
*Counsel to the Chairman*

Daniel J. Taylor  
*Counsel to the Ranking Member*

1015 Longworth House Office Building  
Washington, D.C. 20515-6328  
Telephone: (202) 225-7103  
Facsimile: (202) 225-7392

The Honorable Garland "Andy" Barr  
U.S. House of Representatives  
1432 Longworth House Office Building  
Washington, DC 20515

Dear Colleague:

A copy of your 2015 Financial Disclosure Statement, as filed with the Clerk of the House, has been forwarded to this Committee for review. Examination of your Statement suggests the need for additional information or other amendment as noted on the enclosed checklist.

Please submit any necessary amendment to the Clerk of the House **within 30 days of the date of this letter**. Please be advised that pursuant to section 104(d)(1) of the Ethics in Government Act of 1978 (EIGA), any individual filing a required Statement, including amendments, more than 30 days after the due date shall pay a \$200 late filing fee to the United States Treasury. In addition, any individual who knowingly and willfully fails to file or falsifies any Statement required under the EIGA may be assessed a maximum civil penalty of up to \$50,000 and subjected to criminal prosecution. Therefore, you must promptly file the requested amendment to comply with the statutory requirement.

You may amend your Financial Disclosure Statement either by using the electronic filing system, writing a letter addressed to the Clerk which identifies the section(s) of the Statement that you are amending or by completing a new paper Statement and indicating in the appropriate place that it is an amendment. You may obtain a blank Statement for this purpose from the Committee's Web site at <http://ethics.house.gov> in the "Financial Disclosure" section. The amendment should be submitted to the Legislative Resource Center either electronically or in paper to Room 135 Cannon House Office Building, Washington, DC 20515.

The Honorable Garland "Andy" Barr

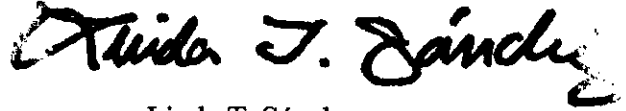
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If you have any questions concerning proper completion of the amendment or do not agree that your Statement requires an amendment, please contact the Committee at (202) 225-7103. Committee Staff is also available to review the amendment prior to filing. If you would like such a review, please fax your request to (202) 225-3713 or email [financial.disclosure@mail.house.gov](mailto:financial.disclosure@mail.house.gov).

Sincerely,



Charles W. Dent  
Chairman



Linda T. Sánchez  
Ranking Member

CWD/LTS:tns

Enclosure

# CY 2015 FINANCIAL DISCLOSURE CHECKLIST: MEMBERS, CANDIDATES, OFFICERS & EMPLOYEES

**Name:** Barr, Hon. Garland  
**Filer Status:** Member  
**Type of Report:** Annual 5/16/2016

## FIRST / SIGNATURE PAGE

- ☐ 1. Filer information incomplete or insufficient
- ☐ 2. Preliminary Information box (es) not checked
- ☐ 3. Trust holdings and/or spouse/dependent Exemption box(es) not checked
- ☐ 4. Trust/Spouse Exemption box (es) marked "yes"
- ☐ 5. Statement not properly signed or dated
- ☐ 6. Other

## SCHEDULE A. ASSETS & "UNEARNED" INCOME

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. Trusts box on p. 1 marked "yes" but no trust reported
- ☒ 3. Identity not properly reported
  - ☒ a. Incomplete fund or other asset name
  - ☐ b. Real estate identification not provided/insufficient
  - ☐ c. Private business – type / location not provided
- ☒ 4. Value of asset not properly reported
- ☐ 5. Type and/or Amount of Income not properly shown
- ☐ 6. Capital gains on sale reported to exceed \$200 on Sch. B are not consistently reported on Sch. A
- ☐ 7. Fund/IRA/401k/trust underlying assets not reported
- ☐ 8. Type of life insurance not properly reported
- ☒ 9. Other

## SCHEDULE B. TRANSACTIONS [N/A FOR NEW FILERS]

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. Account identity not properly shown
- ☐ 3. Type of transaction (P, S, E) not properly shown
- ☐ 4. Date not properly shown
- ☐ 5. Category of value not properly shown
- ☐ 6. New/old holding not shown as acquisition/sale
- ☐ 7. Listed asset not shown on Sch. A
- ☐ 8. Other

## SCHEDULE C. EARNED INCOME

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. Source and/or type not properly shown
- ☐ 3. Gross amount not properly shown
- ☐ 4. Outside earned income limit exceeded (i.e., \$27,255)
- ☐ 5. Teaching Fee – no approval letter filed
- ☐ 6. Other

## SCHEDULE D. LIABILITIES

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. Creditor/Type of Liability not sufficiently identified
- ☐ 3. Date Liability Incurred not provided/insufficient
- ☐ 4. Amount of Liability not properly reported
- ☐ 5. Mortgaged property not listed on Sch. A
- ☐ 6. Other

## SCHEDULE E. POSITIONS

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. Position(s) not sufficiently identified
- ☐ 3. Organization not sufficiently identified
- ☐ 4. Other

## SCHEDULE F. AGREEMENTS

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. More detail needed on agreements
- ☐ 3. Future employment agreements or jobs accepted while in office not reported
- ☒ 4. Other

## SCHEDULE G. GIFTS [N/A FOR NEW FILERS]

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. Source/description not sufficient
- ☐ 3. Value not properly reported
- ☐ 4. Gift appears not to be acceptable under gift rule
- ☐ 5. Other

## SCHEDULE H. TRAVEL [N/A FOR NEW FILERS]

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. Source not sufficient
- ☐ 3. Dates of travel not reported
- ☐ 4. Description/itinerary not sufficient
- ☐ 5. Food/lodging/personal days response insufficient
- ☐ 6. 4/7 day limit on private travel exceeded
- ☐ 7. No record of travel pre-approval(s) by Committee
- ☐ 8. Travel approval granted but trip(s) not reported
- ☐ 9. Other

## SCHEDULE I. PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA [N/A FOR NEW FILERS]

- ☐ 1. Payments in lieu of honoraria not reported properly
- ☐ 2. Limit of \$2,000 per event exceeded
- ☐ 3. Confidential list of charities not received (i.e., separate sealed green envelope)
- ☐ 4. Other

## SCHEDULE J. COMPENSATION IN EXCESS OF \$5,000

- ☐ 1. Box on page 1 checked "yes" but no data reported
- ☐ 2. Source not sufficiently identified
- ☐ 3. Description of duties not sufficient
- ☐ 4. Other

☐ NO EXCEPTIONS WERE NOTED.

### Detail on Checked Item(s):

A3a. Name of underlying assets should be provided for education plans:  
☒ American Funds 529 (2)

A4. For assets that are completely sold, the value of assets should be disclosed as "none":

- ☒ Johnson and Johnson
- ☒ McDonalds Corporation
- ☒ City National Corporation

A9. TSP is not required to be reported.

**CY 2015 FINANCIAL DISCLOSURE CHECKLIST: MEMBERS, CANDIDATES, OFFICERS & EMPLOYEES**

F4. Retirement plans with former employers should be reported as an agreement on Schedule F:

- Kentucky Employee Retirement Pension

(DC)