A. Did you, your spouse, or your dependent child: 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? Name: JAMES LEE HAR D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS FILER STATUS b. Make more than \$200 in unearmed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or ANCIAL DISCLOSURE STATEMENT asset during the reporting period? TED STATES HOUSE OF REPRESENTATIVES Candidates - Date of Election: NOV 8 U.S. House of Representatives **Employing Office:** New Member of or Candidate for New Officer or Employee THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" State: TENNA District: 08 Yes Yes Yes Daytime Telephone For New Members, Candidates, and New Employees **ĕ** Š \geq J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing? FORM B Period Covered: January 1, 2015 to 4/9/11 < 20, 5 of L Check if Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CRITICI IS. HOUSE OF REPRESENTATIVES

(Office Use Only) 2016 APR 29 AM II: 06 APR 21 2018 Y98 Yes Yes Page 1 of $\frac{5}{2}$ 중 Š ö \times

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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 your dependent child? Yes

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

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EDULE A – ASSETS & "UNEARNED INCOME"

Name: JAMES

Page

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For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset hele the account that exceeds the reporting thresholds. ď all interest-bearing accounts, if the total \$5,000, list every financial institution where Provide complete names of stocks and mutual function (do not use only ticker symbols). equirements, please ncome during the reporting period); and any financia nterest in, or income derived from, a federa For an ownership interest in a privately-held busin that is not publicly traded, state the name of or rental and other real property held for investmen more than \$1,000 in interest-bearing accounts or bank and other cash accounts, total the amount omes and vacation homes (unless there was ren jeographic location in Block A. rental property," and a city and state. ependent child (DC), or jointly I you have a privately-traded fund that is an Exceptonestment Fund, please check the "EIF" box. you so choose, you may indicate that an asset or come source is that of your spouse (SP) or pendent child (DC), or jointly held with anyone (JT), cclude: Your personal residence, including secon oduction of income and with a fair market value coeding \$1,000 at the end of the reporting period. irement program, including the Thrift Savings Plan ness, the nature of ਭ all IRAs and other retirement Assets and/or Income Sources MURRAY, KY, CHECK ACC optional column on the far left. Examples: ø <u>(a</u> any other reportable asset detailed income during the year complete each asset Simon & Schuster Mega Corp Stock discussion of Schedule refer to the instruction booklet **BLOCK A** its activitie If the total ₫, description, investment q 틢 Ç × × > please specify the method used. None shild in which you have no interest Column M is for assets held by your spouse or depende ndicate value of asset at close of the reporting period. I you use a valuation method other than fair market value I an asset was sold during the reporting period and added only because it generated income, the hould be "None." \$1-\$1,000 œ \$1,001-\$15,000 O 0 \$15,001-\$50-000 × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 Ħ BLOCK B × \$250,001-\$500,000 0 I \$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 _ and Spouse/DC Asset over \$1,000,000* £ Check all columns that apply. generate tax-deferred income (such a (k), IRA, 529 accounts), you may chec "Tax-Deferred" column. **Dividends** × DIVIDENDS Type of Income INTEREST ust be disclosed as incor capital **BLOCK C** >< CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED For accoun Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest and capital gains, even if reinvested, must be disclosed as income for assets-held in taxable accounts. Check "None" if no income was earned or generated. None *Column XII is for assets held by your spouse or dependent child in which you have no interest. = × \$1-\$200 \$201-\$1,000 ≡ 7 \$1,001-\$2,500 Current Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Amount of Income × Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000 ≚ None \$1-\$200 = \$201-\$1,000 × ≡ \$1,001-\$2,500 ₹ Preceding Year < \$2,501-\$5,000 ≤ × \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000 × Spouse/DC Income over \$1,000,000* ≚

Use additional sheets If more space is required.

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JEDULE C - EARNED INCOME

Name: JAM 55 HART PA	Page 3 of 5	of <u>5</u>
than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer	eporting period	. For both the filer

st 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 and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	!		
NONE	BNON		
N/A	NA	Spouse Salary	
\$76,000	\$20,000	Salary Spouse Speech	Examples: State of Maryland Cort 2)
\$500	0\$	Honorarium	ABC Trade Association, Baltimore, MD (July 15)
Preceding Year	Current Year to Filing	Type	ocurce (ilicidae date of fecelor for hollorand)
Amount 2015	2016 Am	1	Course (include date of receipt for homers)

IEDULE D - LIABILITIES

Name: JAMES HART

eport 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. New 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 exceeded \$10,000. (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 *Column K is for liabilities held solely by your spouse or dependent child.

					SP, DC, JT		
			NO	Example			
			NONE	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR	1	
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000		
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					\$250,001- \$500,000	m	Amount of Liability
			,		\$500,001- \$1,000,000	п	t of L
					\$1,000,001- \$5,000,000	G	ability
					\$5,000,001- \$25,000,000	Ξ.	
					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	<u> </u>	Ì
L					Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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, or educational or other institution other than the United States. Excellenters held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First year candidates and new applications held in the current calendar year and two previous years.

the current calendar year. First-year candidates and new	the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
Position	Name of Organization
Z/V(J)	

EDULE A -- ASSETS & "UNEARNED INCOME" Name: JAMES HAR Page 2

	NOE FEETORISTS BLOOD TO	IS SERBUS WHI EX LANE	Ø	MURRAY KY, CHECK ACCT	ABC Hedge Fund × ×	Examples:	DC. Mega Corp Stock	a detailed discussion of Schedule uirements, please refer to the instruction bookle	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the raporting peniod, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	Assets and/or Income Sources	BLOCK A
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								\$1-\$1,0	00					t	t		5 5	Indicate value of asset at close you use a valuation method ot please specify the method used. If an asset was sold during thincluded only because it gen should be None.		
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						Ĺ		\$500,0	01-\$1,000,000					:	Ξ.		St YOU	e re dr	Value of Asset	œ
								\$1,000	001-\$5,000,000					-	-		"Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	2	
								\$5,000	001-\$25,000,000)					<u>-</u> .		BSI .	ng p		
								\$25,00	0,001- \$5 0,000,00	00					×		de St	narket eriod the		
								Over \$	50,000,000					•	_		Ďena C	e va		
				ļ., ,				Spouse	DC Asset over	\$1,000,00	00°			3	Σ		_	, ,		
				×				NONE									20 PC	Check all columns that apply. From that generate tax-deferred incom 401(k), IRA, 529 accounts), you the Tax-Deferred column. Interest, and capital gains, reinvested, must be disclosed for assets held in taxable		
							×	DIVIDE	NDS								Check "None" if the asset gen income during the reporting period	x all columns the generate tax-detector, IRA, 529 ack, IRA, 529 ack, Tax-Deferred rest, and cay rested, must be rested, must be assets held		
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		\times			 	┾	+	None		. + 1,000,0				_	H	1		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets-field in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D
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HEDULE C - EARNED INCOME

Name: JAMES HART
Page 3 of 5

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. st 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 and filer's 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.

						Ļ	ABC Trade Association, Beltimore, MD (July 15) State of Maryland	Source (include date of receipt for honoraria)
						Spouse Speech Spouse Salary	Honorarium Salary	
					NONE	N/A	\$0 \$20,000	o Filling
					NONE	\$1,000 N/A	\$500 \$76,000	Amount 2015 Preceding Year

IEDULE D - LIABILITIES

Name: JAM ES HAR Page_ '<u>ء</u> لام

eport 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. New 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	
NO.		
MONE LIST DRIED OF MINIMA PORT, DE	Creditor	
3,90	Liability Incurred MO/YR	Date
moneyage on region repety, power, po-	Type of Liability	
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	\$100,001- \$250,000 \$250,001- \$500,000 \$500,001- \$1,000,000 \$1,000,000 \$5,000,001- \$25,000,001- \$25,000,001-	Amount of Liability

SCHEDULE E - POSITIONS

		MIND	Position	report all positions, compensated or uncompensated, as an ornicer, director, trustee or an organization, partner, proprietor, representative, empto other business enterprise, nonprofit organization, lator organization, or educational or other institution other than the United States. Exclude: Fe entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year call the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
			Name of Organization	treport all positions, compensated or uncompensated, as an officer, intusted or an organization, pertuer, propertier, representative, employee, or consument or 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. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

IEDULE F ~ AGREEMENTS

ant that you have with respec	!	Na
at that you have with respect to: future employment: a leave of absence during the period of government service:		Name: JAMES HART
if government service:		Page 5 of 5

Jentify 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	ANON			
Terms of Agreement				

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

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	NONB	
	2000	
	2222	