APR 04 2014

UNITED STATES HOUSE OF REPRESENTATIVES	1))	Pa	Page 1 of 3
FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013- MARCH 31, 2014	For use by candidates and new employees	1.EGISLATIVE RESOURCE CENTER	li X
		US. HOUSE OF RESPRESENTATIVES	2
		(Office Use Only)	
Filer Candidate for the State: UTAL House of Representatives District: Second New officer or Employing Office:	Date of 4/26/2014 Check if Election: 4/26/2014 Amendment	A <i>\$200 penalty</i> shall be a against any individual w more than 30 days late.	assessed who files
n all sections, please type or print clearly in blue or black ink. REI IMINARY INFORMATION — ANSWER EACH OF	ANSWER FACH OF THESE QUESTIONS		
Did you or your spouse have "earned" income (e.g., salaries or ees) of \$200 or more from any source in the reporting period? Yes X	No IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	r before the date rior two years? Yes	N _S
 Did you, your spouse, or a dependent child receive "unearned" ncome of more than \$200 in the reporting period or hold any eportable asset worth more than \$1,000 at the end of the period? Yes Yes Yes 	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	arrangement Yes X	8 □
II. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	n \$5,000 from Yes X	S
Each question in this part must be answered ar	and the appropriate schedule attached fo	attached for each "Yes" response.	
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- ANS	WER EACH OF THESE QUESTIONS	S
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 a dependent child?	e on Ethics and certain other "excepted trusts" need you, your spouse, or a dependent child?	not be Yes	N _O
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.	ed" income, transactions, or liabilities of a spouse or ou have first consulted with the Committee on Ethics	dependent child Yes 🔲	<u>₹</u>

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name 3ACHARY A HARTMAN Page Lot 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a 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.

Exclude: military pay (such as National Guard of neserve pay), lederal retirefile programs, and benefits received under the Social Security Act.	ent programs, and benefits rec	Selved under the Social Se	scurity Act.
Source (include date of receipt for honoraria)	Type	Amount	nt
(include date of locality to including)	. 100	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
	Spouse Salary	NA	NA
ARX LAND ADVISORS No SALTIAL U+	tees	27447	410,732
JOHNHIE HARTMAN APT. NOSALTLAGUT	Tees		8,665

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JACHARY A HARIMAN

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SCHEDULE III — LIABILITIES

Name 3ACHARY A HARTMAH

Page Y of S

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

					J DC SP
=				Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
		None		Mortgage on 123 Main Street, Dover, DE	Type of Liability
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					Over \$50,000,000
					Spouse/DC Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

1 13×3× 1 1 1	Position	MANAGER		
		NPA PNAT X VA		
ARX LAND Adv	Nam	USOKS LLC A		
PRX LAND ADVISORS LEC X	e of Organization	10. SALT LAKE		
PRX LAND ADVISORS LLC No. SALT LAKE		07		
RX LAND ADVISORS LEC				

SCHEDULE V — AGREEMENTS

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Page S of S

Identify the date, parties to, and general terms of any agreement or arrangement 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.

	 _	 _	_		
		0.000	18/21/12	Date	
			Marlin Dixie Endoquer LLC	Parties To	
			25% PROTIT SHARING AGREEMENT	Terms of Agreement	

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names recognized by law. Do not repeat information listed on Schedule 1.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
STRUCK AXION SOUTLAKET UT	ART PROJECT - SPOUSE
LAND Advisors PARKELY, UT	rojstim moj
SC9 EAGLEWOOD VILLAGE CENTRAVILLE	brit 7 news