

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS 2018 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** 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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Name: honoraria, or pension/IRA distributions) of \$200 or more during the C. Did you or your spouse have "earned" income (e.g., salaries A. Did you, your spouse, or your dependent child: all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they mee 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? reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or REPORT STATUS a. Own any reportable asset that was worth more than \$1,000 at the FILER Receive more than \$200 in unearned income from any reportable end of the reporting period? or Trey Hollingsworth × × 2018 Annual (Due: May 15, 2019) House of Representatives Member of the U.S. **District**: State: Yes Yes Ύes Yes Υes SIZ × × × Daytime Telephone: Amendment Š Š S Ş 중 For Use by Members, Officers, and Employees × × 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" 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? H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? 202-225-5315 Employee Officer or Employing Office: Date of Termination: Termination A \$200 penalty shall be assessed against any individual who files more than 30 days late. U.S. HUUSE OF REPRESENTATIVES LEGISLATIVE RESO**URBE CEITER** 2019 AUS 13 PM 4: 26 Shared Staff Filer Type: (If Applicable) Ύes Yes řes Yes ¥es Yes Yes Principal Assistant Š ž Š Š Š 중 중 × × × × × × ×

## SCHEDU

DULE A ASSETS & "UNEARNED INCOME"	
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Van	Van	Van	Van	Pers	Pers		Examples:		For a detailed discussion of Schedule A requirements please refer to the instruction bookfel.	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 report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second tomes 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.	(do not use only ticker symbols).  For all IRAs and other retirement plans (such as	and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year.  Provide complete names of stocks and mutual finds	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 reporting beriod.	A	ı
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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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of 13

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						(See Filer Note 1 for HCP Entities)	-Cash (Atlantic Capital Bank)	HCP - LA, LLC (Financial Asset Holding Co)	HCP - Alexin, LLC (Aluminum Business) (Bluffton, IN)	-Certificates of Deposit (Macquarie Group Limited)	HGI, LLC (Financial Asset Holding Co) (See Below)	Hollingsworth Capital Partners, LLC	HCP - Virginia, LLC	H Capital Partners - Texas, LLC	ASSET NAME		BLOCK A Assets and/or Income Sources
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#### SCHEDULE B - TRANSACTIONS

Name: Page 7 of 13

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														HCP - A	HCP - C	HCP - A	Example		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.  *Column K is for assets adely held by your spouse or dependent child.	resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real properly held by you, your spouse, or your dependent child for investment or the production of income, include tenseachors that dependent child for investment or the production of income, include tenseachors that
														HCP - Augusta, LLC	HCP - Cincinnati, LLC	HCP - Alexin, LLC	Mega		ales transa ns" box, uni in income o	between y bur persons asset is s	sale, or e) y security or restment or
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																			ttal gain in a tax-defen ependent d	of an excha dependent generated a partial sale	hat exceed y you, your he. Include
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### SCHEDULE C - EARNED INCOME

Name: Page 8 of 13

ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) is source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.		totaling \$200 or more during the reporting period. For a spouse, list
XCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social S	ocial Security Act.	
ICOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440 and distinction, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	d at or above the "senior staff" rate was \$ relationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	~
Circe LLC, 3642 Brownsboro Rd, #101, Louisville, KY 40207	Spouse Salary	N/A

#### SCHEDULE D - LIABILITIES

Name:
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of 13

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		
		-	None	Example			
				First Bank of Wilmington, DE	Creditor		
				5/16	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
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į			,	, ·	Over \$1,000,000* (Spouse/DC Liability)	*	

#### **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 of the United States. Exclude:

Positions held in any religious, social, fraternal, or political e	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
None	

#### SCHEDULE F - AGREEMENTS

	Name:	
	Page_	
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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

mingle of the same		
Date	Parties to Agreement	Terms of Agreement
	None	

#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 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 (which may not include a registered lobbyist or foreign agent), 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 \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Artington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
None			

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Page 11 of 13	Name:	
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11	Page 11 of 13	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**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.

None Habitat for Humanity (charity fundraiser) Government of China (MECEA) Source Date(s) Aug. 6-11 Mar. 31 City of Departure-Destination-City of Return DC-Beijing, China-DC Lodging? (Y/N) 4 (Y/N) ~ z

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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA	Name:	Page_	ge 12 of 13
List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	r of an event to a charitable organization	in lieu of paying an hom	orarium to you. A separate
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2018 Aug. 13, 2018	\$2,000 \$500
None		,	

FILER NOTES (Optional)

Name: Page\_

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NOTE NUMBER	NOTES
1	HCP (Jeffersonville, OH; Greenville, SC); Texas (Fort Worth, TX); Kentucky (Louisville, KY; Mt. Sterling, KY); Alabama (Montgomery, AL); Investments I (St. Louis, MO); Virginia (Petersburg, VA); Tennessee (Jackson, TN); Arkansas (Little Rock, AR); Cincinnati (Cincinnati, OH); Georgia (Norcross, GA); McDonough, GA); DFW Office (Fort Worth, TX); Fulton Industrial (Atlanta, GA); Indiana (Indianapolis, IN); Intermodal (Louisville, KY); Investments II (Decatur, GA; Erlanger, KY; Cincinnati, OH; Charleston, SC; Greensboro, NC; Winston-Salem, NC); Investments III (Camden,NJ; Houston, TX; Memphis, TN); Memphis (Atlanta, GA;
	Columbia, SC, Louisville, KY); Middle Tennessee (Gordonsville, TN); South Carolina (Simpsonville, SC); Investments IV (Charlotte, NC; Dallas, TX); SCM (Indianapolis, IN); SK (Fairfield, OH); RA (Fairfield, OH); North Carolina (Greensboro, NC); Columbus (Columbus, OH); Investments VI (Duncan, SC; Kettering, OH); Augusta (Augusta, GA)