UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	7	FORM B For use by candidates and new employees		LEGISLATIVE GESOURCE GENTA	BOUNCE CENT	• •
Name: Mad Fincher	Daytime '	Daytime Telephone:		STELL SERVICE HEALT	OF WELVERSHIPMENT OF THE PROPERTY OF THE PROPE	FT) PT
				(Off	(Office Use Only)	
Filer Candidate for the State: 11 abama House of Representatives District: 1	Date of Election:	unknown	Check if Amendment	A \$200 penalty shall be assessed		issessed
Status New officer or Employing Office:				more than 30 days late.		Allo
In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH (OF THESI	EACH OF THESE QUESTIONS				
Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes Yes	□ 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.	ortable positions on or be endar year or in the prion ach Schedule IV.	efore the date r two years?	Yes 📉	N _O
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes If yes, complete and attach Schedule II.	□ S	V. Did you have any repo with an outside entity? If yes, complete and at	ortable agreement or arrangement tach Schedule V.	angement	Yes	No No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes Yes, complete and attach Schedule III.	S D	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.	pensation of more than \$ o prior years? tach Schedule VI.	15,000 from	Yes	§
Each question in this part must be answered and the appropriate sched	and the ap	opropriate schedu	ule attached for each "Yes" response	each "Yes" re	sponse.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	I INFORM	1	ANSWER EACH OF THESE QUESTIONS	F THESE Q	UESTION	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?	ittee on Ethics ing you, your s	and certain other "exc spouse, or a dependen	epted trusts" need no	t be	Yes 🔲	No
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	rned" income, s you have firs	"unearned" income, transactions, or liabilitudess you have first consulted with the Consu	ties of a spouse or dependent child ommittee on Ethics.	oendent child	Yes	No.

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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. 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

Exclude: Military pay (such as National Guard or Heserve pay), rederal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	celved under the Social c	security Act.
Course (include date of receipt for honoraria)	Type	Amount	unt
שיים שלים לווניוטים ממנים כו ופניפוף: ישי וישויטימיום)	1)	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
-	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of Alobama Muse of Medicantatus	Solary	.31,300	53658
Fincher : Associates Tre. Semma AL	Salay	6,500	18,500
Insua	Spouse Saler	Ω/A	18763
Praction Life Insulance Co.	Space Solar	24219	18326
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	Profined CI, LLC 33% ownership was	office of Fincher States.	College Counts SORPION	Pronee Invistments	First Community Sank	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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.	account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	(do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds	BLOCK A Asset and/or Income Source
X	~	X	~	*		×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,000 - \$25,000,000 Spouse/DC Asset over \$1,000,000*		A BB C C D E E E E E E E E E E E E E E E E E	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the report-	BLOCK B Value of Asset
Calle invoce	Ceri Estate i van	×	~	×	×	×	Royatties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	∞me)		if the asset generated no income during the reporting period.	"Tax-Deferred" column. Dividends, Interest, and capital gains, even if reinvested, must be dis-	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the	BLOCK C Type of Income
×		× ×	×	× ×	×	×	X	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200		Current Year		* This column is for income derived from assets solely held by your spouse or dependent child.	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. Check "None" if no income was earned or generated	Amount of Income
×	×					×	×	X	\$201 - \$1,000 \$1,001 - \$2,500 \$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*	IX X XI XIIVIII X X XI XII	receding Year		n assets solely held by your	eferred" in Block C, you may sets, indicate the category of below. Dividends, interest, d, must be disclosed as earned or generated	ome

Asset and/or income Source None ≻ 8 \$1 - \$1,000 \$1,001 - \$15,000 O \$15,001 - \$50,000 O \$50,001 - \$100,000 Ш П \$100,001 - \$250,000 Ð \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ے ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000

Continuation Sheet (if needed)

BLOCK A

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME Value of Asset BLOCK B Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS Type of Income RENT BLOCK C INTEREST CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income -- (Specify: e.g., Partnership Income or Farm Income) × X None Name \$1 - \$200 \$201 -- \$1,000 \$1,001 - \$2,500 IV V VI VIIVIII IX Current Year \$2,501 - \$5,000 \$5,001 ~ \$15,000 \$15,001 -- \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 × BLOCK D ¥ Spouse/DC Income over \$1,000,000* >< × None \$1 - \$200 \$201 -- \$1,000 XI IIIV IIV IV VI VIII IX Preceding Year \$1,001 - \$2,500 \$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*

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SCHEDULE III — LIABILITIES

Name Chad Freher

Page Sof 6

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-

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	,	Tist Community Sank	Bancaro South	Example: First Bank of Wilmington, DE	Creditor	
		April 201	JJ/2110	May 1998	Date Liability Incurred mo/year	J
		Martisco on Prophel Com Schuism	July 10 My tage on Yora Led A. Mid Sonnes AL	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
					\$10,001 \$15,000	
····					\$15,001— \$50,000 D	
		-			\$50,001 \$100,000 O	
		~	×	×	\$100,001— \$250,000 □	
		×			\$500,000 FF \$500,001	Amou
					\$1,000,000	nt of I
	-				\$1,000,001— \$5,000,000 © \$5,000,001—	Amount of Liability
					\$25,000,000 I	Y
					Over	
			,		Spouse/DC	
	 				\$1,000,000	Ц

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-

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

Position	Name of Organization
Board Member	Mble the Association of Medters

SCHEDULE V — AGREEMENTS

Name (
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			Date	Identify the date service; continue of the plan mainta
			Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employ service; continuation or deferral of payments by a former or current employer other than the U.S. Government; effit plan maintained by a former employer.
			Terms of Agreement	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.

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

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 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 recognized by law. Do not repeat Information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services

GPO: 2013

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