

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Doug Collins

Status: Member State/District: GA09

FILING INFORMATION

Filing Type: Annual Report

Filing Year: 2018

Filing Date: 05/13/2019

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Bank of the Ozarks Checking Account [BA]	JT	\$15,001 - \$50,000		\$1 - \$200	
Bank of the Ozarks Savings Account [BA]	JT	\$15,001 - \$50,000	Interest	\$1 - \$200	
Chicken Farm [FA] Location: Banks, GA, US DESCRIPTION: Family farm.	SP	\$100,001 - \$250,000	Farm Income, Rent	\$15,001 - \$50,000	
Fidelty Growth [MF]	SP	\$1,001 - \$15,000	None		
Fidelty Midcap [MF]	SP	\$1,001 - \$15,000	None		
Fidelty Overseas [MF]	SP	\$1,001 - \$15,000	None		П
GA Teacher Retirement [PE]	SP	\$100,001 - \$250,000	None		
Hall County Credit Union Checking Account [BA]	JT	\$15,001 - \$50,000	Interest	\$1 - \$200	

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Residential Property located in Gainesville, GA [RP] LOCATION: Gainesville, GA, US	JT	None	Rent	\$15,001 - \$50,000	
Royce Capital Fund [MF]	SP	\$1,001 - \$15,000	None		
United Community Bank Savings Account [BA]	JT	\$1,001 - \$15,000	Interest	\$1 - \$200	
Wilshire Large Company Value [MF]	SP	\$1,001 - \$15,000	None		
Wilshire VIT Global Fund [MF]	SP	\$1,001 - \$15,000	None		

^{*} For the complete list of asset type abbreviations, please visit https://fd.house.gov/reference/asset-type-codes.aspx.

SCHEDULE B: TRANSACTIONS

Asset	Own	er Date	Tx. Typ	Amount e	Cap. Gains > \$200?
Residential Property located in Gainesville,GA [RP]	JT	04/9/2018	S	\$250,001 - \$500,000	~
LOCATION: Gainesville, GA, US					

^{*} For the complete list of asset type abbreviations, please visit $\underline{\text{https://fd.house.gov/reference/asset-type-codes.aspx}}.$

SCHEDULE C: EARNED INCOME

None disclosed.

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Туре	Amount of Liability
JT	Home point Financial	January 2015	Personal Residence	\$500,001 - \$1,000,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

C Yes No

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 dependent child?

∇es No

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?

○ Yes ○ No

CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Doug Collins, 05/13/2019