



Filing ID #10002170

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B-106 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Mr. Thomas Massie
Status: Member
State/District: KY04

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2013
Filing Date: 05/14/2014

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Citizens Deposit Bank & Trust		\$1,001 - \$15,000	None		<input type="checkbox"/>
Grabills Body Shop, Physical Therapy, Vanceburg, KY		\$1,001 - \$15,000	None		<input type="checkbox"/>
DESCRIPTION: Shares of a physical therapy business					
Howard Massie Farms, LLC		\$1,000,001 - \$5,000,000	hunting lease	\$5,001 - \$15,000	<input type="checkbox"/>
LOCATION: Garrison, Lewis, KY, US					
DESCRIPTION: cattle farm, hunting land					
Massachusetts Institute of Technology		Undetermined	Royalty on patent	\$5,001 - \$15,000	<input type="checkbox"/>

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

None disclosed.

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Citizens Deposit Bank & Trust	June 2010	Mortgage on farm	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Managing Member	Howard Massie Farms

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?

☐ 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?

☐ Yes ☒ 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

COMMENTS

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: Mr. Thomas Massie , 05/14/2014