



Filing ID #10034700

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Jason Sigmon  
**Status:** Congressional Candidate  
**State/District:** TX32

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2020  
**Filing Date:** 03/17/2020

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
AIYX [MF]		\$1,001 - \$15,000	None		
BGRFX [MF]		\$1,001 - \$15,000	None		
BREIX [MF]		\$1,001 - \$15,000	None		
CALEX [MF]		\$1,001 - \$15,000	None		
Cash Account [BA]		\$1,001 - \$15,000	None		
FCNTX [MF]		\$15,001 - \$50,000	None		
FSHBX [MF]		\$1,001 - \$15,000	None		
FTABX [MF]		\$1,001 - \$15,000	None		
GABEX [MF]		\$1,001 - \$15,000	None		
GACIX [MF]		\$1,001 - \$15,000	None		

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
GCIEX [MF]		\$1,001 - \$15,000	None		
HFMIX [MF]		\$1,001 - \$15,000	None		
HQIYX [MF]		\$1,001 - \$15,000	None		
JSCOX [MF]		\$1,001 - \$15,000	None		
JSMGX [MF]		\$1,001 - \$15,000	None		
MPIEX [MF]		\$1,001 - \$15,000	None		
ODVYX [MF]		\$1,001 - \$15,000	None		
OSCIX [MF]		\$1,001 - \$15,000	None		
SNVXX [MF]		\$1,001 - \$15,000	None		
TGBAX [MF]		\$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 C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Pariveda Solutions	Salary	\$13,992.48	\$83,883.00
JDC Healthcare PLLC	Spouse Salary	\$24,156.51	\$42,104.86

## SCHEDULE D: LIABILITIES

None disclosed.

## SCHEDULE E: POSITIONS

None disclosed.

## SCHEDULE F: AGREEMENTS

None disclosed.

## **SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

None disclosed.

## **EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**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

## **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:** Jason Sigmon , 03/17/2020