						HAND
UNITED ST	UNITED STATES HOUSE OF REPRESENTATIVES 2017 FINANCIAL DISCLOSURE STATEMENT		Fo For Use by Members,	Form A bers, Officers, and Employees	LEGISLATIVE RE	LEGISLATIVE RESOURCE CENTER 18 AUG 13 PM 3: 21
					(Office Use Only) G. F. C. OF THE GELTATIONS U.S. HOUSE OF REPRESENTATIONS	BESENTATIVES /
Name: Tre	Trey Hollingsworth	Daytim	Daytime Telephone:	<u> 202-225-5315</u>	A \$200 penalty shall I Individual who files n	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
FILER	Member of the U.S. State: X House of Representatives District	09 IX		Officer or Employing Office:		Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT [X 2017 Annual (Due: May 15, 2018)	Amer	Amendment	Termination Date of Termination:	mination:	
PRELIMINAR	PRELIMINARY INFORMATION - ANSWER EACH OF	THESE QUES	QUESTIONS			
Did you, your si a. Own any repu end of the rep b. Receive more asset during i	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable esset during the reporting period? 	Yes X No		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?	r arrangement with an n the current calendar	Yes ON X
B. Did you. your si exchange any sec exceeding \$1,000	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes X No		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?	child receive any ralue from a single	Yes No X
C. Did you or your honoraria, or pens reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes X		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?	child receive any I totaling more than s reporting period?	Yes No X
D. Did you, your spliability (more than	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No	×	 Did any individual or organization make a donation to charity in fieu of paying you for a speech, appearance, or article during the reporting period? 	lonation to charity in or article during the	Yes No X
E. Did you hold an	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	×	E CO	G SCHEDULE IF Y	RRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EX	EXCLUSION OF SPOUSE, DEPENDENT,	NT, OR TRUST	JST INFORMATION	IATION - ANSWER EACH OF THESE QUESTIONS	OF THESE QUE	STIONS
IPO - Did you pur the Committee on	IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? the Committee on Ethics for further guidance.	tial Public Offering	during the reporting	period? If you answered "yes" to this question, please contact	uestion, please contact	Yes No X
TRUSTS - Details this report details o	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on this report details of such a trust that benefits you, your spouse, or dependent child?	nmittee on Ethics a dent child?	Ethics and certain other "excepted trusts"	need	not be disclosed. Have you excluded from	Yes No X
EXEMPTION Ha	EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	amed" income, tra sulted with the Con	nsactions, or liabiliti nmittee on Ethics.	ies of a spouse or your dependent child because they meet all	because they meet all	Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Trey Hollingsworth Page _ of 12

		ąş		Ş		Τ		누႙생	For SS, a SS	またア	Q Q	33,6652	
-	V	⊢	-	⊷	ש	╂			For bank in all	34 (K) _	o not	dentify production and (b) income t	≥
Vanguard 500 Index Portfolio	Vanguard 529 Savings Account (See Below)	Vanguard Prime Money Market Fund	Vanguard Prime Money Market Fund	Personal Bank Account (BB&T)	Personal Bank Account (Suntrust)	ABC Hedge Fund X	Exemples: Simon & Schuster	SP Mega Corp Stock	For bank and other cash accounts, total the amount nat interest-bearing accounts. If the total is oner \$5,000, list every financial institution where there is \$5,000, list every financial institution where there \$5,000 in interest-bearing accounts. For rental and other reel property held for investment, provide a complete address or decorption, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business fer an end publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Bacelude: Your personal residence, including second fromes and vecation homes (unless there was rental income aims the reporting period); and any financial income suring the reporting period); and any financial income suring the reporting the Thrift Savings Plan. If you report a privately-fraded fund that is, an Excepted Investment Fund, please check the "EIF" box. If you as 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 (LT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction bookiet.	For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value succeeding \$1,000 at the end of the reporting period, and (b) any other expendable asset or source of income that generated more than \$200 in 'unearned' income during the year.	Assets and/or Income Sources
						Г	Γ		None	Ī	_		
×		×	×				indeer in		\$1.\$1,000		you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used used. If an easet was sold during the reporting period and is included only because it generated income, the value should be Twone." Column M is for assets held by your spouse or dependent child in which	
				н			T	×	\$50,001-\$100,000 m	1		than than than come	≤
		\vdash	 -	·····	· · ·		T		\$100,001-\$250,000 m	1		the v	<u> </u>
				Γ		×			\$250,001-\$500,000 a	1		of the erket: reporti alue si	Value of Asset
					×				\$590,001-\$1,000,000 ±	1		ing pe	
									\$1,000,001-\$5,000,000			phod as	
									\$5,000,001-\$25,000,000	1		perfor	
									\$25,000,001-\$50,000,000			t child	
									Over \$50,000,000			in add to	
									Spouse/DC Asset over \$1,000,000*			only	
				×			L		NONE		period	Check a generate 529 acc column column for assa	
			L			_	L	×	DIVIDENDS		φ	Table to	
				L	_		L		RENT	1	•	Cohine de la cohin	
					×		L		NTEREST]		and you	Ţφ
				L	_	<u> </u>	ļ_		CAPITAL GAMS			may may may must	1 5
				L		<u></u>	L		EXCEPTED/BLIND TRUST			Check all columns that apply, generate tax-deferred income (au 529 accounts), your may check column. Dividends, inherest, even if reinvested, must be der assets held in taxable accur if the asset generated on income	Type of Income
×		×	×				l		TAX-DEFERRED	l		Check all columns that apply. For acc generate traceleared income (such as 401 629 accounts), you may check the 175 629 accounts), you may check the 175 column. Divisioneds, interest, and cap even if reinvested, must be disclosed for assets held in taxable accounts. Check the saset generated no income during the saset generated no income during the	Ĭ
						Partnership Income		Royalia	Other Type of Income (Specify: e.p., Partnership Income or Farm Income)			counts that 1(x), IRA, or 1/x), IRA, or 1x-Deferred pital gains, as income heck "None" he reporting	
L		ļ		×	ļ		L		None		Š.	For essets may check category of Dividenda must be accounts.	
				igspace	×	lacksquare	╁-	-	\$1-\$200		₹	For essets for which ye may check the "None" callegory of income I Dividende, Internet, enust be disclosed accounts. Check generated.	
			$oxed{oxed}$	$oxed{oxed}$		┞	×		\$201-\$1,000			Section 1	
_			<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	×	\$1,001.\$2,500		o o	None b	}
<u> </u>		\vdash	lacksquare	igspace	_	×	<u> </u>	<u> </u>	\$2,501.45,000	. .		None	JOE .
	<u> </u>		<u> </u>	<u> </u>	ļ	<u> </u>	\vdash	-	\$5,001-\$15,000 S	Camera to Managara No Humber	Column XII is for essets held by	For easets for which you checked Tax-Deferror in Block C, may check the "None column. For all other seeks indicate calegory of income by checking the appropriate box be! Dividends, linkmest, and capital gales, even if relivest must be disclosed as income for assets held in taxa accounts. Check "None" if no income was semed generated.	Amount of Income
	ļ	\vdash	<u> </u>	igspace	_		┼-	-	\$15,001-\$50,000	.	-2		1 0
	<u> </u>		L	\vdash	-	╂	\vdash	+	\$50,001-\$100,000	-{	your spouse or	apprincement	
<u> </u>	ļ	_	_	<u> </u>		▙	\perp		\$100,001-\$1,000,000 \$1,000,001-\$5,000,000	1		oprist	-
<u> </u>		\vdash		├-	-	╂	\vdash	+	A	-	S. St	T rest	
\vdash		-	\vdash	-		1	-		Spouse/DC Asset with Income over \$1,000,000*	1	dependent	For essets for which you checked Tax-Deferred in Block C, you may check the "None" column. For all other sesets indicate the calegory of income by checking the appropriate box below. Dividends, interset, and capital gales, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was semed or generated.	
				Т		t	T	3		₹¥ s			=
						1		3	Leave this cok. blank if there a no transaction that exceeded \$1,000.	See of	period.	inclicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1.0 in the reporting	
						1			Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	onto .	indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting	Transaction
	Ĺ		<u>. </u>						m "33	∌ § €	ğ. `	8	3

SCHEDULE A -
- ASSETS &
"UNEARNED
INCOME

																누 등 명				(Ñ
HCP - Alabama, LLC	Hollingsworth Capital Partners, LLC	HGI - Midwest III, LLC (Indianapolis, IN)	HGI - Midwest II, LLC (Columbus, OH)	HGI - Midwest II, LLC (Indianapolis, IN)	HGI - Midwest I, LLC (Indianapolis, IN)	HGI - Kentucky, LLC (Charleston, SC)	HGI - Kentucky, LLC (Marrow, GA)	HGI - Indiana, LLC (Indianapolis, IN)	HGI - Indiana, LLC (Sauget, IL)	HGI - Illinois, LLC (Sauget, IL)	HGI - Georgia, LLC (Greenfield, IN)	HGI - Georgia, LLC (Birmingham, AL)	HGI - Atlanta, LLC (Atlanta, GA)	-Vanguard Total Stock Market Portfolio	-Vanguard Small-Cap Index Portfolio	ASSET WANTE			BLOCK A Assets and/or Income Sources		SCHEDULE A - ASSETS & "UNEARNED INCOME"
																Ü	None >			!	δo
					 	-	-						H				\$1-\$1,000 cc	1		!	Ş
		\vdash			\vdash		├─		-	-		-	 			1	81 004-816 000	-			ē
H		\vdash			├		-	-	-	ļ	-		<u> </u>	×	×	-	\$15,001-\$60,000	4		:	S
			_		╀		┞╾	┢	 			-	 	ļ	<u> </u>	-	\$15,001-\$00,000 m	4	_		M
			-		╁	×	-		×		H		_			 	\$100,001-\$250,000	-	BLOCK B		<u> </u>
Н		\vdash		-	╁	-	-	-	-		<u> </u>	-	×			-	\$250,001-\$500,000	-	BLOCK B		Z
		×	×		╫	-	├─	┢		×	\vdash	×					\$500,001-\$1,000,000		A X		Ö
×			\vdash	×	,	-	<u></u>	×			×		┢		-	┢	\$1,000,001-\$5,000,000	1	2		m S
	×		-	 	\vdash	_	┢	┢	 				<u> </u>				\$5,000,001-\$25,000,000	1			3
			-	 	╁─		\dagger	\vdash		Ì		\vdash	┢	┣┈	 	 	\$25,000,001-\$50,000,000	-			
		H	\vdash		 		╁┈	 	 	-		 			\vdash		Over \$50,000,000	-			
				\vdash	\vdash	 	╀╴	T	\vdash	┢				_			Spouse/DC Asset over \$1,000,000*				
							┪							_			HOME	1		Z	
			ļ		T		 			1				<u> </u>			DIVIDENDS	1		Name:	
×	ж	×	×	Ħ	×	×	 =	×	×	×	×	×	×	Г		1	RENT	1		_	
					T		T										INTEREST		₹ .	Ire	ļ
							T^-								Τ		CAPITAL GAINS	1		¥	,
							T										EXCEPTED/BLIND TRUST	1	BLOCK C		<u>.</u>
							I^-							н	×		TAX-DEFERRED		BLOCK C Type of Income	ing	
																	Other Type of Income (Specify: e.g., Pertnership Income or Ferm Income)			Trey Hollingsworth	
×							*		×								None				
																	\$1-\$200				
																	\$201-\$1,000				
						Ĺ	<u> </u>										\$1,001-\$2,500		>		
							L_	L		<u> </u>	<u> </u>						\$2,501-\$5,000		ē		
ļ						×	\downarrow _		<u> </u>		<u> </u>		<u></u>	_		$oxed{oxed}$	\$5,001-\$15,000		\$ Q		ļ
		×							_		<u> </u>		×	<u> </u>	L		\$15,001-\$50,000	-4	BLOCK D		
			×						$oxed{oxed}$	×		×	L		<u> </u>		\$50,001.\$100,000 <u>≤</u>	1	BLOCK D Amount of Income	Ā	ヿ
	×			×	×		ot	×	_	<u> </u>	<u>*</u>						\$100,001-\$1,000,000		•	Page	1
					L		\downarrow _	$oxed{oxed}$	<u> </u>				ļ	_			\$1,000,001-\$5,000,000	1		33	
							1_		<u> </u>	<u> </u>		<u> </u>	L	_	_		Over \$5,000,000				
				_	╙	<u> </u>	_									<u> </u>	Spouse/DC Asset with Income over \$1,000,000*			으)
																	P. S. S(part), or E		BLOCK E Transaction	12	

W
Ä
~
I
M
Ä
\simeq
_
DULE
M
-
➣
1
7
S
ίΩ
m
G
20
تے
_
Z
m
_
Z
Z
m
H
J
=
Z
റ
$\ddot{\sim}$
\simeq
S
m
- 3
_

S	SCHEDULE A – ASSETS & "UNEARNED INCOME"	20	عُے	Z	₽	\mathbf{Z}		Ž	ਨ	ž	ū					Z S	Name:		re)	/H	olli	ngs	Trey Hollingsworth							╚	Ţ.	Page_	4	<u> </u>	<u>°</u>	12
1	BI OCK A	-						PI OCK B	Ş	P						i I			20	3	BLOCK C			į		1			BLOCK D	Š	I				-	BLOCK F
	Assets and/or Income Sources						\$	Value of Asset	9. 3		-								Type of Income	<u> </u>	TICO I	3		:				2	Amount of Income	7 m	Ě					Transaction
					ဂ	o	m	₹1.	6	×	_	٠.	~		ž									_	=	=	₹	٧	<u> </u>	S	ş	×	×	×	ă	
															r								or Farm Income)											v \$1,000,000°		
		Mana	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$6,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$80,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENOS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BUND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or	None	\$1-\$200	\$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 Asset with Income over	7	8, S(part), or E
구동동	ASSET NAME	2																	ļ	_	Щ					L					 	 	ļ			
	HCP - Arkansas, LLC										×			<u> </u>		ļ		ж		ļ.,,	ļ			×	ļ	<u> </u>	ļ.,			1	ļ	_	<u> </u>	_		
	HCP - Cincinnati, LLC	_				 	1				×			<u> </u>	<u> </u>	<u> </u>		*	lacksquare	╁	<u> </u>			上	_	_	igdash	-	1	1	1	×	\vdash	+	╁	
	HCP - Columbus, LLC					<u> </u>			Ħ					<u> </u>		<u> </u>	<u> </u>	×	<u> </u>	<u> </u>	-				<u> </u>	<u> </u>	ļ	_	_	*	 	1	\vdash	\vdash	┼-	
	HCP - DFW Office, LLC	╄	<u> </u>				1				×					↓_	╙	<u> </u>	╄	┞	╀			<u> </u> *	<u> </u>	<u> </u>	_	╄	╀	\vdash	igdash	1	╁	\vdash	+	
	HCP - Fulton Industrial, LLC	╄	×				Ť						L	<u> </u>		<u> </u>	╙	*	╄	ļ	╄				_	<u> </u>	╆	_	<u> </u>	*	_	╄	╁	-	┿	
	HCP - Georgia, LLC	H	L			<u> </u>	T				×			<u> </u>		<u> </u>	L	×		ļ	┡			×	<u> </u>	L	L	┞	_	<u> </u>	<u> </u>	\vdash	₽	╀	┢	
	HCP - Indiana, LLC	_				\vdash	T				×			<u> </u>	<u> </u>	<u> </u>		×	<u> </u>	<u> </u>		l			ļ.				<u> </u>	_	<u> </u>	×	-	_	\vdash	S(part)
	HCP - Intermodal, LLC	-					1				ж							×	<u> </u>	_	<u> </u>			×	<u> </u>	<u> </u>		_	<u> </u>	_	$oxed{igspace}$	_	⊢	\vdash	┢	
	HCP - Kentucky, LLC	H				<u> </u>						×		L		L.	L	×	<u> </u>	ļ	<u> </u>			ᆫ		_	L	L	lacksquare	_	-	×	\vdash	\vdash	\vdash	
	HCP - Investments I, LLC										×					<u>L</u>		×		<u> </u>	<u> </u>			L	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L.	×	_	_	-		
	HCP - Investments II, LLC	<u> </u>									×		L	<u> </u>		<u> </u>		×	╙	<u> </u>	<u> </u>			<u> </u>	ļ	<u> </u>	ļ	┡	\vdash	\vdash	<u> </u>	×	├-	\vdash	┝	
	HCP - Investments III, LLC										ж					ļ		×						×	ļ			_	_	 	 		 	_		
	HCP - Investments IV, LLC	<u> </u>									×			L		L	Ļ	*	<u> </u>	<u> </u>	_			L	_					<u> </u>	_	_	\vdash		\vdash	
	HCP - Investments VI, LLC									×					<u> </u>	<u> </u>	<u> </u>	×	_	ļ	 			<u> </u>	<u> </u>		╙	<u> </u>	<u> </u>	<u> </u>	*	\vdash	┡	╀	\vdash	
	HCP - McDonough, LLC									×						<u> </u>		×	_	_	ļ	<u> </u>		<u> </u>	<u> </u>	<u> </u>	╙	ļ	<u> </u>	×	<u> </u>	\vdash	\vdash	-	\vdash	
	HCP - Memphis, LLC	_										x						×						<u> </u>		_	_	<u> </u>	<u> </u>		L	×		\vdash	\vdash	

10
Ÿ,
n
Ī
幂
ш
O
7
m
111
ъ
_
1
-
7
S
ĬΛ
Ä
""
7
(i)
^-
M

ئے
ڲ۠
Z
_
M
NEA
M
NEA

SCHEDULE A ASSETS & "UNEARNED INCOME" BLOCK A BLOCK B Value of Asset A B C D E F G H	> %	<u> </u>		<u> </u>		Value D	E F G H			-			ξ .		Name:	_			ey Holli BLOCK C	Frey Holling BLOCK C Type of Income	Trey Hollingsworth BLOCK C Type of Income	-		<u>*</u>	₹ ≥	< B B B	BLOCK D		≤ 8	Page	× 5	ž III	ž 2	BLOCK E
	None >	\$1-\$1,000	\$1 001.815.000		Arn and have one				Ps non any Ps and non					NONE	DIVIDENOS	RENT	INTEREST	CAPITAL GANS	EXCEPTED/BUND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1-\$200 <u></u>	\$201-\$1,000	\$1,001-\$2,500 <								Spouse/DC Asset with Income over \$1,000,000"	P & S(part), or E
SP, ASSET NAME EFF	<u>ו</u>	İ	 		 		├			 	╂		┢				1								<u> </u>		↓		_	<u> </u>	_	-	1	
HCP - Middle TN, LLC					-		-		×	-	-					×									ļ			×		1_		igg	1	T
HCP - North Carolina, LLC		t	┢		-	├	 	<u> </u>	×	├	<u> </u>		╁	-		×											_		_	×	\downarrow	-	1	
HCP - Rolled Alloys (RA), LLC				-			\vdash	-	×	-	 		-	Į	-	×							┖		<u> </u>	<u> </u>		<u> </u>	*		_		1	
HCP - Safetykleen (SK), LLC			 		 	╁	×	-	-	_	╂──	<u> </u>	-		╁┈	×						<u> </u>	L	ļ			ļ	×				┡	1	
HCP - SCM, LLC			\vdash	<u> </u>	⊢	├		├	×	\vdash	┢	┢	├		\vdash	×						L		L	<u> </u>		ļ	$oxed{igspace}$	$oxed{oxed}$	<u>*</u>	<u> </u>	<u> </u>	1	
HCP - South Carolina, LLC					_	-	-	×	-							×													×	<u> </u>	<u> </u>	ļ	Ī	
HCP - Tennessee, LLC									×							×						<u> </u>				ļ		<u> </u>	L	×	<u> </u>	ļ	l	
H Capital Partners - Texas, LLC									×							×													$ldsymbol{ld}}}}}}$	×	_	ļ	ļ	
HCP - Virginia, LLC					_				×							×													×				١.	
HGI, LLC (Financial Asset Holding Co) (See Below)				\dashv					-																							_		-
- Certificates of Deposit (Macquarie Group Limited)			×	\vdash			H										×						×						Ш			H	ı	
HCP - Alexín, LLC (Aluminum Business) (Bluffton, IN)		_		_		-	\dashv			×		\dashv	-							Bu	iness Income					_				*		_		_
HCP - LA, LLC (Financial Asset Holding Cd) (See Relow)					_				-			H																					i	
- Cash (Atlantic Capital Bank)		Н			-		\vdash		×		-						×					×		<u> </u>				<u> </u>				\vdash	ı	
(See Filer Note 1 for HCP Entities)		┢	-	-	-	╁	+			┢	-	┼	┼	+-	<u> </u>	1											ļ	1			$oxed{igspace}$	┞-	1	
	П				Н	-	-	-		\vdash	\vdash		-	-				Г														<u> </u>		

SCHEDULE B - TRANSACTIONS

_		
	Name:	
`	Trey Hollingsworth	
	Page	
	6	
	of 12	
	6 of 12	

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or reel properly held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a birel 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 it sold, please choose 'partial sale' as the type of transaction. Capital Gales: if a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gain income on \$5 mediule A. SP, DC, JT Bample Mega Corp Stock HCP - Indiana, LLC Medium K is for assets solely held by your spouse or dependent child.	Purchase	Sale C	Sale Of Transaction A × Period Sale Ct.	Exchange 3	Check Box if Capital Gain Exceeded \$200	(MODAYR) or Quarterly, or Burnethy, or Burne	\$1,001- \$15,000 >	× \$15,001- \$50,000 σσ	\$50,001- \$100,000	\$290,000	S250,001- m S500,000 m S500,001-	\$1,000,000	1 40,000,001-	\$25,000,001	\$60,000,000	Over \$1,000,000°
dependent child for investment or the production of income. Include transact dependent child for investment or the production of income. Include transact resulted in a capital loss. Provide a brief description of an exchange Exclude transactions between you, your spouse, or dependent children purchase or sale of your personal residence unless it generated rental known a portion of an asset is sold, please choose 'partial sale' as the type of transact. Capital Galtes: If a sales transaction resulted in a capital gain in excess of \$20 the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child. SP, DC, JT Example Mega Cop Stock HCP - Indiana, LLCC	Purchase	Sale	H × Partial Sale	1 1 1	× × Check Box if Capital Gain Exceeded \$200	(MODAYR) or Quarterly, Morebly, of seasily, if applicable 11/14/2017	81,001- \$15,000 >>	× \$15,001- 350,000 σ	\$100,000	\$250,000	\$600,000 m	\$1,000,000	\$5,000,001-	\$25,000,001	Over \$56 000 000	Over \$1,000,000°
Exclude transactions between you, your spouse, or dependent chief purchase or sale of your personal residence, unless it penerated entents income a portion of an asset it sold, please choose 'partial sale' as the type of transaction resulted in a capital gain in excess of \$20 the "capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child. \$P, DC, JT Exemple HCP - Indiana, LLC HCP - Indiana, LLC		Sale	→ × Partial Sale	Exchange	Check Box if Capital Gein Exceeded \$200	(MODAVR) or Querterly. Morethy, or Bi- weekly, if applicable 39/17 11/14/2017	\$1,001- \$15,000	× \$15,001- \$50,000	\$100,000	\$250,000	\$600,000	\$1,000,000	\$5,000,001-	\$25,000,001-		Over \$1,000,000°
Capital Gains: if a sales transaction resulted in a capital gain in excess of \$20 the "capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child. \$P. DC. JT Example Maga Corp Stock HCP - Indiana, LLC		Sale	→ × Partial Sale	Exchange	H X Check Box if C Exceeded \$200	39/17 11/14/2017	\$1,001- \$15,000	× \$15,001- \$50,000	\$100,000	\$250,000	\$600,000	\$1,000,000	\$5,000,001-	\$25,000,001-		Quer \$1,000,00
* Column K is for assets solely held by your spouse or dependent child. SP. DC. JT Asset SP Example Maga Corp Stock HCP - Indiana, LLC		Sale	× Perio	Exch	× × Chec Exce	39917 11/14/2017	91,00 \$15,0	× \$15,0	\$100	\$250	\$600	\$1,00	\$5,00	\$25.0		Quer
SP. DC. JT Asset Sp Example Mega Corp Stock HCP - Indiana, LLC			их		ж	38/17 11/14/2017		×			м					
Example Mega Corp Stock HCP - Indiana, LLC			н		×	38/17 11/14/2017		×			*					
HCP - Indiana, LLC			ж		ж	11/14/2017					×					
											-		-			
									_	_		_	_			
									_		 	<u> </u>	_		-	-
									ļ 		<u> </u>	<u> </u>	-	<u> </u>	<u> </u>	
								<u> </u>	<u> </u>					<u> </u>		
											_		-		-	-
	<u></u>										_	-		 		_
											_					ļ
								1		<u> </u>			<u> </u>			
														ļ		<u> </u>
														_		
										<u> </u>	ļ		_	<u> </u>	-	<u> </u>
											_			_		
											_				<u> </u>	
												-	_		ļ	-
								ļ								
												_	-	-		

SCHEDULE C - EARNED INCOME

Name:
worth
Page 7 o
7 of 12

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. 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.

\$28,050. In addition	INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ensated at or above the "senior staff" rains a fiduciary relationship) are totally prohib	Ite was \$27,765. The 2018 limit is lited.
	Source (include date of receipt for honoraria)	Туре	Amount
į	Keene State	Approved Teaching Fee	\$6,000
Evamples:	State of Maryland	Legislative Pension	\$18,000
examples.	Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Selary	NA
	C: 110 1/15 T. 101 I II. VV 1000	6	NIA

The state of the s						Circe LLC, 3642 Brownsboro Rd, #101, Louisville, KY 40207	Ļ	Examples: State of Maryland Cot. 2)	Keene State	Source (include date of receipt for honoraria)	
						Spouse Salary	Spouse Salary	Spouse Speech	Approved Teaching Fee	Туре	
						N/A	N.A.	\$18,000 \$1,000	000,88	Amount	

SCHEDULE D - LIABILITIES

Name:
Trey
Ή
ollingsworth
orth
- -
age
ge8of12
S 12

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.

	-			Σ. Υ						
		None	Example	,						
			First Bank of Wilmington, DE	Creditor						
			5/15	Date Liability Incurred MO/YR						
			Mortgage on Rental Property, Dover, DE	Type of Liability						
				\$10,001- \$15,000		1				
				\$15,001- \$50,000						
				\$50,001- \$100,000						
			×	\$100,001- \$250,000						
				\$250,001- \$500,000	Amount of Liability					
				\$500,001- \$1,000,000						
				\$1,000,001- \$5,000,000						
				\$5,000,001- \$25,000,000	:					
				\$25,000,001- \$50,000,000						
				Over \$50,000,000						
				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 other than the United States. Exclude: 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	Position Name of Organization
None	

SCHEDULE F - AGREEMENTS

Name: Trey Hollingsworth
Page 9 of 12

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 employer.

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, 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, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
None			

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Trey Hollingsworth

Name:

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

None Examples Habital for Humanily (charity fundraiser) Government of China (MECEA) Aug 6-11 新に City of Departure-Destination-City of Return DC-Beijing, China-DC DC-Boston-DC 300 Family Member included? (Y/N) Z

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Trey Hollingsworth Page 11 of 12

					None	Xemples: XYZ Megazine	Association of American Associations, Washington, DC	Source	ist 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 sparate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	•	Z
						Article	Speech	Activity	nsor of an event to a charitable organ		Name: Trey Hollingsworth
						Aug. 13, 2017	Fab 2 2017	Date	ization in lieu of paying a		Pag
						\$500	\$2,000	Amount	an honorarium to you. A		Page 11 of 12

Name: Trey Hollingsworth

Page 12 of 12