



Filing ID #10021209

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Hon. Captain Clay Higgins
Status: Member
State/District: LA03

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2017
Filing Date: 05/15/2018

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

| Asset | Owner | Value of Asset | Income Type(s) | Income | Tx. > \$1,000? |
|---|-------|----------------|----------------|--------|--------------------------|
| C Higgins Unscripted LLC [OL] <small>LOCATION: Opelousas, LA, US DESCRIPTION: Consulting</small> | | None | Consulting | None | <input type="checkbox"/> |
| Captain Higgins Gear LLC [OL] <small>LOCATION: Opelousas, LA, US DESCRIPTION: Non-profit</small> | | None | None | | <input type="checkbox"/> |

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

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

| Source | Type | Amount |
|-----------------------------|---------------|-------------|
| Proactive Nursing Solutions | Spouse Salary | \$19,200.00 |

SCHEDULE D: LIABILITIES

None disclosed.

SCHEDULE E: POSITIONS

| Position | Name of Organization |
|-----------------------|-----------------------------|
| Owner | C Higgins Unscripted LLC |
| Advisory Board member | Healing the Wounds |

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

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. Captain Clay Higgins , 05/15/2018