APR 03 2018

y other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for Yes 🔲 No 🂢 t consulted with the Committee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or lial exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics
TRUSTS - Details regarding "Qualified Bilnd Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded Yes No X	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethic from this report details of such a trust that benefits you, your spouse, or dependent child?
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, C
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH 1 THIS FORM INCLUDE
any reportable Yes No X J. Did you receive compensation of more than \$5,000 from a Yes No X single source in the current year and two prior years?	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
re during the Yes No X F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar Yes No X year up through the date of filing?	C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
nan \$1,000 at the Yes No E. Did you hold any reportable positions during the reporting many reportable Presidence of filing? Yes No	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 unearned income from any reportable asset during the reporting period?
NSWER <u>EACH</u> OF THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF
Staff Filer Type (If Applicable): Shared Principal Assistant to 4/12 2 A \$200 penalty shall be assessed against any individual who files more than 30 days late.	New Officer or Employee Employing Office:
or State: TEM. District: 0 8 MOV 6 2018 Amendment	New Member of or Candidate for U.S. House of Representatives Candidates - Date of Election:
Daytime Telephon Daytime Telephon Daytime Telephon Daytime Telephon	Name: 14.4165 LEE HART
For New Members, Candidates, and New Employ	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JAMES HART

		MURRAY KY CHECK ACC	ABC Medge Fund X	Examples: Simon & Schuster	JT Mega Corp Stock	SP, EIF	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financiel institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property had for investment, provide a complete address or description, e.g., rental property, and a city and state. For an ownership interest in a privately-hald business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second traches and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Trifft Serings Plan. If you have a privately-traded fund that is an Exceyed investment Fund, please check the "EIF" box. If you so choose, you may include that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly hald with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) 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 esset held for investment or production of income and with a fair market value exceeding \$1.000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	Assets and/or Income Sources	BLOCK A
		×	×	Indefinite	,	,	None > \$1,51,000 ∞ \$1,001-\$15,000 O \$15,001-\$50,000 O \$50,001-\$100,000 m \$100,001-\$250,000 ¬ \$250,001-\$1,000,000 ∞ \$500,001-\$1,000,000 ∞ \$1,000,001-\$25,000,000 ∞ \$5,000,001-\$25,000,000 ∞		*Column M is for assets held by your spouse or dependent child in which 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. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	вгоск в
		X			>-		\$25,000,001-\$50,000,000		dependent None" if the asset generated no income during the reporting period.		Type of Income	вгоск с
		X	Partnership X	Royalbes	>		C0ner Type of Income (Specify: e.g., Partwership Income or Farm Income) None — \$1.5200 = \$201-\$1,000 ≅ \$1,001-\$2,500 ⋜ \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ \$50,001-\$15,000 ≦ \$100,001-\$1,000,000 ≅ \$1,000,001-\$5,000,000 × Over \$5,000,000 ≥ SpouseOC Income over \$1,000,000* ≥ None —	2018	income	accounts For assets for which you checked "Tax-Deferred" in Block C. you may check the "None" column. For all other (such as assets indicate the category of income by checking the appropriate box below. Dividends, interest, and ay theck expital gains, even if relivested, must be disclosed as income for assets held in taxable accounts, idential. Check "None" if no income was earned or generated. even it income "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	вгоск в
			×	×	×	:	\$1,5200 = \$201.\$1,000	2017		you may check the "None" column. For all other propriets box below. Dividends, interest, and income for assets held in taxable accounts, child in which you have no interest.	come	

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: JAMBI HART Page_

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 both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside samed income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Examples: Source (include date of receipt for honoraria) ABC Trade Association, Beltimore, MD (July 15)
State of Manyland
Civil War Roundlable (Oct. 2)
Onlarto County Board of Education Type Current Year to Filing Amount Preceding Year \$78,000 \$1,000

SCHEDULE D - LIABILITIES

e reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence hold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and recovers. Benot a resolution of the reporting personal property only if the halance at the close of the reporting personal property.	Name: NAMES HART Pag
wed during the reporting n your personal residence are personally liable); and se of the reporting period se of the reporting period	Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the period. New Members: Members are required to report all liabilities secured (unless you rent it out or are a Member); loans secured by automobiles, housely exceeded \$10,000. 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 exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

				SP.		
		ON	Ехатрів			
		300N	First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	80	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	71	of E
				\$1,000,001- \$5,000,000	6	ability
				\$5,000,001- \$25,000,000	æ	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	- -	
			ļ	Over \$1,000,000* (Spouse/DC Liability)	太	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		4/1001	Position
			Name of Organization

SCHEDULE F - AGREEMENTS

MONE.
WE

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the currer customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat in	Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
MONE	