| | LEWISLATIVE RESOURCE CENTER |
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| UNITED STATES HOUSE OF REPRESENTATIVES FORM B | 019 APR 29 Th Page 1 of 5 |
| FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees | OFFICE OF REPRESENTATIVES. |
| Name: JAMES LEE HART Daytime Telephone: | APR 24 201 |
| New Member of or Candidate for State: TEML U.S. House of Representatives District: 08 Check if Amendment FILER Candidates – Date of Election: NOL 3 2020 | (Office Use Only) |
| STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to Indi | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS | |
| 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? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? easset during the reporting period? | ne reporting the date of filing? Yes No |
| C. Did you or your spouse have "earned" income (e.g., salaries, honorania, or pension/IRA distributions) of \$200 or more during the reporting period? Yes No No No | angement with an Yes No X |
| D. Did you, your spouse, or your dependent child have any reportable Yes J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | 3,000 from a Yes No |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE | OMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS | QUESTIONS |
| 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 that benefits you, your spouse, or dependent child? | e you excluded Yes No 🔀 |
| EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Il three tests for Yes No 🕅 |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JAMES HART

| | MURRAY KY CHROK NOW | l | Evanoles | DC, Mega Corp Stock | SP. | For bank and other cash accounts, total the smount in all interest-bearing accounts, total the smount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held 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 increase and vacation homes (unless there was rental income during the reporting periody; and any financial interest in, or income derived from, a federal retirement program, including the Thirlt Savings Plan, if you have a privately-traded fund that is an Excepted investment fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SF) or dependent full (CC), or jointly held 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 | Identify (a) each asset 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. Provide complete names of stocks and mutual funds (do not use only ticker symbols). | Assets and/or Income Sources | BLOCK A |
|--|---------------------|-----------------------|------------|---------------------|-----|---|---|--|------------------------------|---------|
| | X | × | Indefinite | × | | None > \$1.41,000 | | 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." *Column M is for assets held by your spouse or dependent child in which you have no interest. | Value of Asset | BLOCK B |
| | | Partnership Income | Royalites | × | | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Defered" column. Dividends, interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. | Type of income | вгоскс |
| | X | × | × | × | | None | 2019 2018 | For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if no income was earned or generated. **Column XII is for assets held by your spouse or dependent child in which you have no interest. | Amount of Income | BLOOK D |

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

| Name: JAMES HART | |
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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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| INCOME LIMITS and Members and emplo professional service | 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 earned 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. | ncome may apply to you after yo limit is \$27,765. In addition, cert r staff. | บน are on House payroll. The 201 ain types of income (notably honora | 6 limit on outside earned income for ria, director's fees, and payments for |
|--|--|---|---|---|
| S | Source (include date of receipt for honoraria) | Туре | 2019 Am | Amount 2018 Preceding Year |
| | ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$500 |
| Examples: | Civil War Roundtable (Oct. 2) | Spouse Speech | \$0 | 000,15 |
| | ONWING POUNT PERSON OF LONGOSTON | Oppose condit | 144.5 | 147 |
| | | | NONE | MONE |
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SCHEDULE D - LIABILITIES

Name: JAMES Page 4

(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. 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. New 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

| | | | | DC, JT | - | |
|--|--|------|---------------------------------------|--|---------------|---------------------|
| | | NC | Example | | | - |
| | | NONE | First Bank of Wilmington, DE | Creditor | | |
| | | | 5/98 | Date Liability Incurred MO/YR | | |
| | | | Mongage on Rental Property, Dover, DE | Type of Liability | | |
| | | | | \$10,001- \$15,000 | > | |
| | | | | \$15,001- \$50,000 | œ | |
| | | | | \$50,001- \$100,000 | G | |
| | | | × | \$100,001- \$250,000 | Ð | |
| | | | | \$250,001- \$500,000 | т | Amount of Liability |
| | | | | \$500,001- \$1,000,000 | 71 | tofLi |
| | | | | \$1,000,001- \$5,000,000 | 6 | ability |
| | | | | \$5,000,001- \$25,000,000 | Ξ. | |
| | | | | \$25,000,001- \$50,000,000 | | |
| | | | | Over \$50,000,000 | ۲, | |
| | | | | Over \$1,000,000* (Spouse/DC Liability) | * | |

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, fraternal, 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.

| | | NONE | Position |
|--|--|------|----------------------|
| | | | Name of Organization |

SCHEDULE F - AGREEMENTS

| rangement that you have with respect to: future employment: a leave of absence during the period of government service | Name: JAMES |
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| a leave of absence during the period | HART |
| of government service; | Page 5 of 5 |

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 Identify the date, parties to, and general terms of any agreement or an

| , | | |
|------|----------------------|--------------------|
| Date | Parties to Agreement | Terms of Agreement |
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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 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.

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| | Source (Name and City/State) | Brief Description of Duties |
| Example: | Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| M | MONE | |
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