UNITED S	TATES HO	ISE OF REP	UNITED STATES HOUSE OF REPRESENTATIVES			7	FORM B		- 	Pa	Page 1 of 7
FINANCIAL	DISCLOSUR	FINANCIAL DISCLOSURE STATEMENT			lew Member	s, Cand	For New Members, Candidates, and New	w Employees	LEGISL	LEGISLATIVE RESOURCE CENTER	CE CENTER
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Name: Troy King	y King			Daytime	ime Telephone	hone	1	٠ ١ ١	9F	OFFICE OF THE CLERK	LERK
	_	New Member of or Candidate for	or State:	Alabama		_	Chart I		U.S. HOU	ISE OF REPRE	SERIALIVE
FICER	Cent	Candidates - Date of Election:				 	Amendm	nent		(Critical User Crity)	C
STATUS	New Empl	New Officer or Employee Employing Office:		Staff Filer Type Shared P	Staff Filer Type (If Applicable): Shared Principal Assistant		Period Covered: January 1	wary 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	il be assessed a more than 30 d	xgainet any lays late.
PRELIMIN	ARY INFOR	MATION – A	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	н оғ ты	ESE QUES	NOIT	3				
A. Did you, you a. Own any end of the b. Receive r asset dur	A. Did you, your spouse, or your dependent childs. a. Own any reportable asset that was worth mosend of the reporting period? at b. Receive more than \$200 in unearned income asset during the reporting period?	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? at the b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	than \$1,000 at the	Yes	8	E. Did y	ou hold any report r in the current cal	able positions duri endar year up thro	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Y68 N	*
C. Did you or you honoraris, or pen reporting period?	our spouse have ension/IRA distrit d?	C. Did you or your spouse have "sarned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	;, sataries, ore during the	ž X	₹	F. Did y outside year up	F. Did you have any reports outside entity during the rep year up through the date of	table agreement ou sporting period or in if filing?	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?	Yes No	X
D. Did you, you liability (more t	ır spouse, or you han \$10,000) at s	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	ve any reportable eporting period?	ž X		J. Did y single s	J. Did you receive compens single source in the current	setton of more than \$5,000 from a tyear and two prior years?	n \$5,000 from a if years?	Yes No	
		>	ATTACH THE CORRESPONDING SCHEDULE IF YOU AN	ORRESPO	ONDING SC	光度	LE IF YOU A	NSWER "YES"	9		
		HOTOKM	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	בץ ואב מ	CHEDOLE	I H	YOU ARE H	EQUIKED 1	COMPLETE		
EXCLUSIO	N OF SPO	USE, DEPEN	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH	UST INF	ORMATIO	Z - A	SWER BOT	H OF THES	OF THESE QUESTIONS		
TRUSTS - De	tails regarding "Q t details of such a	ualified Blind Trusts" trust that benefits y	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Heve you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	nmittee on Etr ependent chik	ics and certain	other "exc	epted trusts" need	not be disclosed.	Have you excluded	Yes N	₹ 🛛
EXEMPTION - exemption? D	- Have you exclu	ted from this report a	EXEMPTION – Heve you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	erned" incom Committee or	e, or liabilities of Ethics.	a spouse	or dependent chil		because they meet all three tests for	Yes	¥ X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Troy King

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edditional sheets if more space			First Eagle Fund of America CLA	401(k) Roth IRA		Examples			or a detailed discussion of Schedule / equirements, please refer to the instruction booklet	If you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (DC), or loridy had with snyo (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF box.	Exclude: Your personal residence, including secont homes and vacation homes (unless there was renta income during the reporting period; and any financial interest in, or income derived front, a federal retrainment program, including the Thrift Saving Plan.	For an ownership interest in a privately-held basiness that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	in mental	For bank and other cash ecocurts, total the amount in all interest-bearing accounts. If the total is over \$5,000, lat every financial brailbulen where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retrement plans (such as 401(s) plans) provide the value for each asset had in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual fund: (do not use only ficker symbols).	Identify (a) each asset held by investment or production of income and with a fair market value screeding \$1,000 at the end of the apporting 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	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Troy King

SCHEDULE C - EARNED INCOME

Name: Troy King Page 4 of 7

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 honorana. List only the source for other spouse samed 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 PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payrell. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, cartain 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.

Source (include date of magint for homeway)			Amount
Gearce (made date of receipt to Horiotalia)	ı ypa	Current Year to Filing	Preceding Year
	Honorarium	0\$	\$500
Examples: See or wayden	Setary	\$20,000	\$76,000
Critario County Board of Education	Spouse Salary	WA	\$1.000 N/A
Law Offices of Troy King	Partner Draw	\$ 192,000	\$ 363 939

SCHEDULE D - LIABILITIES

Name: Troy King Page 5 of 7

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 (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.

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DC, JT.		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$190,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,006,001- \$6,900,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/16	Mortgage on Rentel Property, Dover, DE				×							
	Discover	er 	03/00	Credit Card		×									
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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.

Position	Position Name of Organization
Partner	Law Offices of Troy King

SCHEDULE F - AGREEMENTS

Name: Page 6 of 7

identify the de continuation of employer.	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	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

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.

	The state of the s
Source (Name and City/State)	Brief Description of Duties
Exemple: Doe Jones & Smith, Hometown, Homestate	e Accounting Services
The Law Offices of Troy King	Legal Services

FILER NOTES (Optional)

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