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UNITED STATES HOUSE OF REPRES	REPRESENTATIVES	FORM B For New Members, Candidates, and	_	New Employees	FEB 06 2020 Page 1	Page 1 of
Name: Joy Hollis		Daytime Telephone	ne .		2020 FEB 20 PM 1:56	
New Member of or Candidate for U.S. House of Representatives Candidates - Date of Election:	or State: TX District: 32		Check if Amendment		(Office Use Only)	
New Officer or Employee Employing Office:	Staff Filer	r Type (if Applicable): Principal Assistant	Perjod Covered: January 1, <u>4017</u> to Dec. 31, 2018		A \$200 penaity shall be assessed against any Individual who files more than 30 days late.	inst any 1 late.
PRELIMINARY INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS	VER <u>EACH</u> OF	THESE QUESTION	SNO			
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? 3r b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	1,000 at the Yes	No DE IE	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ositions durin	g the reporting Yes No	X
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	No Out	F. Did you have any reportable is outside entity during the reporting year up through the date of filing.	agreement or ig period or in j?	reportable agreement or arrangement with an Yes No he reporting period or in the current calendar Yes No date of filing?	7
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 Li	J. Did you receive compensation of more than \$5,000 from a single source in the current year, and two prior years?	n of more than and two prior	1 \$5,000 from a Yes No	
ATTA	ATTACH THE CORRESPONDING	ESPONDING SCHE	SCHEDULE IF YOU ANSW	U ANSWER "YES"		
THIS FORM INC	LUDES ONLY T	HE SCHEDULES T	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	UIRED TO	COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	IT, OR TRUST	INFORMATION -	ANSWER BOTH C)F THESE	E QUESTIONS	
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	wed by the Committee ur spouse, or depende	on Ethics and certain other	"excepted trusts" need not b	e disclosed. 1	need not be disclosed. Have you excluded Yes . No ?	Z
EXEMPTION Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependen exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	other assets, "unearned" income, or its consulted with the Committee on Ethics	income, or liabilities of a sp tiee on Ethics.		ause they med	t child because they meet all three tests for Yes No	X
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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				ABC Nedge Fund	Simon & Schuster	Maga Corp Stock		if you so choose, you may indicate that an asset of income source is that of your spouse (SP) or dependent child (DC), or justly 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.	you report a privately-traded fund that is an excepted investment Fund, please check the "EIF ox.	Exclude: Your personal residence, including second tomes and vecation homes (prises there was renta record during the reporting period); and any financials interest in, or income derived from; a federal retrement program, including the Thrift Sevings Plan.	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.		For benk and other cash accounts, total the amounts all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there in more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(it) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and musual runo (do not use only ficter symbols).	uneamed income during the year.	identity (a) each asset held for investment or production of income and with a fair method value succeeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which convertible more than \$200 in	Assets and/or income Sources	BLOCK A	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: 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 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 payroll. The 2018 limit on outside segred income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. 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.

			Am	Amount
source (include date of receipt for nonoraria)	sipt for nonorana)	Туре	Current Year to Filing	Preceding Year
	(6)	Honorphum	\$0	\$500 \$70
EXAIT DH68: Cyd War Roundtable (Oct. 2) Optenio County Board of Education		Spouse Speech Spouse Salary	SO NIA	\$1,000 N/A
Entertainment Pentiners		Salary	90,000	70,000
Cast & Crew		Sakuy	\$5,000	15,000
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SCHEDULE D - LIABILITIES

ring the reporting period by you, your spouse, or your depending that this highest amount ewed during the reporting cured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period	Name: Jan Halli
d. Mark the highest amount owed during the reporting nce. Exclude: Any mortgage on your personal residence you own an interest (unless you are personally liable); and and only if the balance at the close of the reporting period	S Page S of 7

Report liabilities of over \$10,000 owed to any one creditor at any time duperfood. New Members: Members are required to report all liabilities se (unless you rent it out or are a Member); loans secured by automobiles, household furniture, o liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Reposected \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$100,000 \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	_	\$1,000,001- \$5,000,000		\$5,000,000 \$5,000,001-
	Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE				×			-			
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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, in the provious years.

SCHEDULE F - AGREEMEN

ns of any agreement or arrangement that you her or current employer other than the U.S. go	TS
ns of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintains	Name: Jon Holl(5
of absence during this period of government service; oyee welfare or benefit plan maintained by a former	(S Page 6 of 7

identify the date, parties to, and general term continuation or deferral of payments by a for employer.

Date	Parties to Agreement	eement		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 you'r 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 repest information listed on Schedule C.

government and any information considered confidential as a result of	government and any information considered contribution at a privileged relationably recognized by law. Do not repeat information listed on accidence C.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Entodernment Ferthers	Payroll/May Salary -
Cast & Crew	Payroll/salary
-	

FILER NOTES (Optional) Use additional sheets if more space is required. NOTE NUMBER NOTES low tollis Page 7

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