UNITED STATES HOUSE OF REPRESENTATIVES FORM B	FORM B	APR 7 / Page 1 of 5
Name: JAMES LEE HART Daytime Telephone	ne	2017 APR 26 AM 10: 44
New Member of or Candidate for State: TEMM, U.S. House of Representatives District: 08 FILER Candidates – Date of Election: MOU. 6, 2018	Check if Amendment	U.S. HOUSE OF THE CLERK (Office USE ON SERVING VES
New Officer or Employee Employing Office:	Period Coyered: January 12016. to AIM (C-11, 1201)	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	SNOI	
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. Make more than \$200 in unearmed income from any reportable asset during 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?	ing the reporting period 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 Yes No Temporting period?	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARI	IEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	- ANSWER <u>BOTH</u> OF THES	OTH OF THESE 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 your dependent child?	r "excepted trusts" need not be disclosed. H	lave you excluded from Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.		dependent child because they meet all three Yes No 📉

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: JAMES KART

, and the state of	BUCHANAN TH SOUD LAND - X	SILVER	MUSED Y KY, CHECK ACCT	ABC Hedge Fund X	Examples: Simon & Schuster	DC, Mega Corp Stock	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	ntarest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	xir personal residence, including vacation homes (unless there wa recation homes) and any including the reporting period); and any including the reporting period); and any including the responsible that the responsible	business, the nature of its activities, and its geographic location in Block A.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	\$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For bank and other cash accounts, total the amount in A B C all interest-basing accounts If the total is over	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.	(do not use only ticker symbols).		Assets and/or Income Sources	BLOCK A
				×	Indefinite	×	\$15,001- \$50,001- \$100,00 \$250,00 \$500,00 \$1,000,0 \$5,000,0 \$25,000, Over\$56									m m G T -		child in which you have no interest.		Value of Asset	BLOCK B
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X SOLD	X SINSO	X	Partnership income	Royalfies	×	TAX-DEI	ST . GAINS ED/BLIND TRUS		g., Partre	ership Inco	ome or Far	rm Incor	me)				income during the reporting period.	Check ell columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even it relinvested, must be disclosed as income for assets held in taxable accounts.	Type of Income	BLOCK C
	X	× X	X	×	×	×	\$100,001 \$1,000,0 Over \$5,	2,500 5,000 15,000 850,000 \$100,000 -\$1,000,000 000,000 DC Income over 1	\$1,000,0	000*						Current Year	20		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	BLOCK D
							\$1,000,0 Over \$5,0	-\$1,000,000 01-\$5,000,000	\$1,000,0	00*					3	ng Year			None" column. For all . Dividends, interest, sets held in taxable o interest.		

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

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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. Nam

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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for

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

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Examples Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2) Civil War Roundtable (Oct. 2)
Ontario County Board of Education Type Current Year to Filing Z, **Amount** Preceding Year 20/ \$500 \$76,000 \$1,000 Ž

SCHEDULE D - LIABILITIES

Name: IAMES HART Page_
period by you, your spouse, or your dependent child. Mark the highest amount ov

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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 *Column K is for liabilities held solely by your spouse or dependent child.

				SP, DC, JT		
		1	Example			
		NONE	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	65	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	,
				\$250,001- \$500,000	rm.	Amount of Liability
				\$500,001- \$1,000,000	п	of Lia
				\$1,000,001- \$5,000,000	ဓ	bility
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	٠	
				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 -

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;	AGREEMENTS Name:
future employment; a leave of absence during the period	LOVER SAMOR
of government service;	Page 5_ of 5

Identify the da	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	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
	NoNE	
SCHEDU	SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	AID BY ONE SOURCE
Report source	es of compensation received by you or your business affiliation for services p	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
	NONE	