| | | | | | Page 1 of 8 |
|--|--|--|---|---|---|
| FINANCIAL | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT | | For New Members, Candidates, and New Employees | 17 17 17 | LEGAL ATME RESOURCE CENTER |
| Name: | Shannon Harpold Hutcheson | . Daytime Telephone: | one: | 2019 | 2019 AUG -7 AM 9: 06 |
| FILER | New Member of or Candidate for State: TX U.S. House of Representatives District: 10 Candidates – Date of Election: March 3, 2020 | 0 | Check if Amendment | ₩ (Office | Office Use Only) |
| STATUS | New Officer or Employee Staff Fil Employing Office: Shared | Staff Filer Type (If Applicable): Shared Principal Assistant | Period Covered: January 1, to | A \$200 penalty shall individual who files | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMIN | PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF THESE QUESTIONS | OF THESE QUESTION | SNO | | |
| A. Did you, you a. Own any i end of the b. Receive in asset duri | 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? | X No | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | ig the reporting ugh the date of filing? | Yes X No |
| C. Did you or you honoraria, or pen reporting period? | C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period? | X No | F. Did you have any reportable agreement or outside entity during the reporting period or in year up through the date of filing? | ble agreement or arrangement with an orting period or in the current calendar filing? | Yes |
| D. Did you, you liability (more the | D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period? | × No | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | n \$5,000 from a | Yes X No |
| | ATTACH THE COF | RESPONDING SCHE | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | 3 , | |
| EXCLUSIO | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> | ST INFORMATION - | | OF THESE QUESTIONS | |
| TRUSTS - Det from this report | 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? | tee on Ethics and certain other ident child? | * "excepted trusts" need not be disclosed. H | Have you excluded | Yes No X |
| EXEMPTION – exemption? Do | 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. | ad" income, or liabilities of a sp nmittee on Ethics. | oouse or dependent child because they mee | et all three tests for | Yes No X |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Shannon Harpold Hutcheson

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584 description, state. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000 list every financial restitution where there is more than \$1,000 in interest-bearing accounts. For an ownership interest in a privately-th business that is not publicly traded, state the nar of the business, the nature of its activities, and geographic location in Block A. If you so choose, you may indicate that an a income source is that of your spouse I dependent child (DC), or jointly held with (JT), in the optional column on the far left. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held (do not use only ticker symbols). <u>-</u> ဌ S in the account that exceeds the reporting thresholds iomes and vacation homes (unless there was rent dentify (a) each asset held for investment equirements you report a privately-traded fund that i coepted investment Fund, please check the cclude: Your personal residence, including seco rovide complete names of stocks and mutual fund Assets and/or income Sources renta Examples: during the reporting period); and interest in, or income derived from, a fe detailed program. and other real property held provide a complete address e.g. "rental property," and a city Other JP Morgan Cash Accounts alled discussion of Schedule please refer to the instruction bookle JPMorgan Chase *4486 JPMorgan Chase *4660 JPMorgan Chase 7981 Simon & Schuster Mega Corp Stock ABC Hedge Fund BLOCK A including the Thrift Saving a privately-held state the nam (SP) E E × 굒 If an asset was sold during the reporting period and included only because it generated income, the value shoube "None." > child in which you have no interest specify the method used. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please None *Column M is for assets held by your spouse or depende œ × \$1-\$1,000 O \$1,001-\$15,000 Indefinite 0 \$15,001-\$50,000 Value of Asset × т × \$50,001-\$100,000 п \$100,001-\$250,000 BLOCK B G × \$250,001-\$500,000 x × \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ۳. \$25,000,001-\$50,000,000 ~ Over \$50,000,000 _ Z Spause/DC Asset over \$1,000,000 ou Check ell columns that apply. For accounts that For accounts that page of the column of the colum NONE × × DIVIDENDS RENT 8 Type of Income × INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnership Income Royaties Other Type of income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all othe 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. × None *Column XII is for assets held by your spouse or dependent child in which you have no interest × × × \$1-\$200 ≡ \$201-\$1,000 \$1,001-\$2,500 ₹ Current Year \$2,501-\$5,000 < ≤ \$5,001-\$15,000 × ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 ≍ \$1,000,001-\$5,000,000 Amount of Income Over \$5,000,000 × BLOCK D ¥ Spouse/DC Income over \$1,000,000* × × None \$1-\$200 = × Ξ × × \$201-\$1,000 \$1,001-\$2,500 ₹ Preceding Year \$2,501-\$5.000 < ≤ \$5,001-\$15,000 ≨ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$160,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000 × Spouse/DC income over \$1,000,000* ≚

Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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| Hutcheson Bowers LLP 401(K) | Fidelity 529 Plan | Popp Hutcheson PLLC 401(k) plan | 1225 Red Hawk Rd - Investment Prop | Vida Longevity | Partners Group Private Equity | Landmark Dividend Growth Fund - J LLC | Seaty Strategic Equity Partners. LP | DFA US CORE EQTY 1 PORT | DFAINTL CORE EQTY PORT | DFA EMERGING MKTS SMALL | BBH LIMITED DURATION FD | AMG MANAGERS DOUBLELINE | SCHWAB VALUE ADVANTAGE | Charles Schwab *2829 Cash | ASSET NAME EIF | | | BLOCK A Assets and/or Income Sources |
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| | | Over \$5,000,000 Service (DC Income page \$1,000,000) ** |
| 1 | | Spouse/DC Income over \$1,000,000* ≚ |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Shannon Harpold Hutcheson

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SCHEDULE C - EARNED INCOME

| Name: Shannon Harpold Hutcheson |
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| Page 5 of 8 |

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 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 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, 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.

| Source (include date of receipt for honoraria) | ABC Trade Association, Baltimore, MD (July 15) State of Maryland | EXdi I Dies. Civil War Roundtable (Oct. 2) Ontario County Board of Education | Popp Hutcheson PLLC | PH Consulting, LLC | Tiny Boxwoods | Hutcheson Bowers LLLP | | | | | |
|--|--|--|----------------------|---------------------|-----------------------|-----------------------|--|---|--|--|--|
| | Honorarium Salary | Spouse Speech Spouse Salary | Spouse earned income | Spouse eamed income | Child's earned income | Earned income | | , | | | |
| Filing | \$0 \$20,000 | \$0 N/A | NIA | N/A | N/A | \$90,000 | | | | | |
| Amount Preceding Year | \$500 \$76,000 | \$1,000 N/A | NA | NIA | N/A | \$209,625 | | | | | |

SCHEDULE D - LIABILITIES

Name: Shannon Harpold Hutcheson Page_ თ . 및 ω

(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.

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| | | | Ω | Example | | | |
| | | | Capital Farm Credit | First Bank of Wilmington, D€ | Creditor | | |
| | | | 11/18 | 5/16 | Date Liability Incurred MO/YR | | |
| | | and the state of t | Mortgage on property | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
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| | | | | | Over \$50,000,000 | C | |
| Ī | | | | | Over \$1,000,000* (Spouse/DC Liability) | ~ | 1 |

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 | Name of Organization |
|--------------|---------------------------------|
| Board Member | The SAFE Alliance |
| Partner | Hutcheson Bowers LLLP |
| Manager | Hutcheson Bowers Law Firm, PLLC |
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SCHEDULE F - AGREEMENTS

Name: Shannon Harpold Hutcheson Page_ 0 œ

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 |
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