



Filing ID #10034659

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Bill Hembree  
**Status:** Congressional Candidate  
**State/District:** GA14

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2020  
**Filing Date:** 02/28/2020

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
IRA ⇒ Fidelity IRA [MF]		\$15,001 - \$50,000	Tax-Deferred		
IRA ⇒ Janus [MF]		\$1,001 - \$15,000	Tax-Deferred		
IRA ⇒ Nationwide [MF]		\$15,001 - \$50,000	Tax-Deferred		
Ownership Interest ⇒ Bill Hembree & Associates LLC [OL]		\$1,000,001 - \$5,000,000	Interest, Pass Through Ordinary	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
LOCATION: Douglasville, GA, US DESCRIPTION: Insurance sales					

\* Asset class details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Bill Hembree & Associates LLC	Salary	\$40,833.00	\$40,833.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Regions Bank	2018	HELOC	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

Position	Name of Organization
President	Bill Hembree & Associates LLC

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
Bill Hembree & Associates LLC (Douglasville, GA, US)	Sales

SCHEDULE A ASSET CLASS DETAILS

<ul style="list-style-type: none"><li>IRA</li><li>Ownership Interest LOCATION: US</li></ul>
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EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 benefiting you, your spouse, or dependent child?  
☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?  
☐ Yes ☒ No

## **CERTIFICATION AND SIGNATURE**

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Bill Hembree , 02/28/2020