UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	LEGISLATIVE RESOURCE CENTER
ļ	For New Members, Candidates, and New Employees	2014 JUN 25 PM 12: 36
Name: James Hogedorn Daytime Telephone:	10:	U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: Minnesot U.S. House of Representatives District: First Candidates - Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2014 to Tune 17, 2014	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	ONS	
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 X No
C. Did you or your spouse have "earned" income (e.g., salaries, honoreria, or pension/IRA distributions) of \$200 or more during the Yes No serporting period?	F. Do you have any reportable egreements or arrangements with an outside entity?	or arrangements with Yes X No
D. Did you, your spouse, or your dependent child have any reportable Yes No No 1 No 1 1 1 1 1 1 1 1 1 1 1 1 1	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 ANSWER THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRE	EDULE IF YOU ANSWER "YES" HAT YOU ARE REQUIRED TO ("YES" D TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF TH		ESE 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 bust that benefits you, your spouse, or dependent child?	excepted trusts* need not be disclosed. H	lave you excluded from Yes 🔲 No 🔀
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.		because they meet all three Yes No X

SCHEDULE A -

	- ASSETS &
BI OCK B	- ASSETS & "UNEARNED INCOME"
EI OCKO	Name: James
L XXVIII	Name: James Hogedorn
	Page 2 of 5

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				Scottode TRA	ABC Hedge Fund X	Examples: Simon & Schuster	Magge Corn Shock	For a detailed discussion of Bohedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (CC), or joinly hald with anyone (JT), in the optional column on the fair left.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Elechades: Your personal residence, including second homes and vacation homes (uniess there was rental income during the reporting period); and any filmandal interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership triansat in a privately-hald business frast is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Blook A.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	for beats and contentions in contents, force one entertaints and interest-beating accounts. If the botal is over 55,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.	(0)(k) pasts) provide the value for each ease heid in the account that exceeds the reporting thresholds.	(do not use only ticker symbots). For all IRAs and other retrement plans (such as	Provide complete names of stocks and mutual funds	or Investment fair market value reporting period eet or source than \$200	Assets and/or Income Sources	groce o
						L		None								Ş	enould be Thone. Column M is for sesets held by your spouse or dependent			
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] _	Ľ		TAX-DEF	ERRED						_]	8	9	Check all columns that apply. For account that generate tex-deferred income (auth that generate tex-deferred income (auth 4016), IRA, 528 accounts), you may other tax-Deferred column. Olviden the Tax-Deferred column. Olviden thereat, and capital galls, even allowated must be disclosed as Income the columns of the columns.	₹	
					Partnership Income	Royaltina		Other Ty	pe of Income (S	ipecily: e	.g., Partnership Inc	ome or Farm Inc	ome)				for assets hald in taxable spoosunds. Check "None" if the saset generated no	10000000000000000000000000000000000000		
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								Spousef	C Income over	\$1,000,	000*			≚			your spoudd or dependent child in which you have no sharear.	ax-Defemed in Block C, you may check the "None income by checking the appropriate box below. Divising, the appropriate box below. Divising, must be disclosed as income for assets a was earned or generated.	Amount of Income	
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SCHEDULE C - EARNED INCOME

Name:
Name: James 1
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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. 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. INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,855. It is unchanged in 2014. 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 service staff. Examples: Scottrade IAA Source (include date of receipt for honoraria) ABC Triede Association, Betimore, MD (July 15)
State of Maryland
Chill War Roundable, Richmond, VA (Oct. 2)
Omano County Board of Education Distibution Honoratium Sajary Spouse Sajary Spouse Sajary Type Current Year to Filing 52,900 Amount 4,750 Preceding Year

Name: James H
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Report liablities 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 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 abling 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 sciely by your spouse or dependent child.

			ge. DC, JT		
Ame	Wrigh	Example		•	
American Express	Wright Pathrom FCU	First Bank of Wilmington, DE	Craditor		
Jan 2011	May 291	5/98	Date Liability Incurred MO/YR		
Revolving Credit	Personal Loan	Mortgage on Rental Property, Dover, DE	Type of Liability		
×	×		\$10,001- \$15,000	>	
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			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	_	
			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, pertnership, or other business enterprise, nonprofit organization, labor organization or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; 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 years.

Retail Propriator, min, owner	5+euart's . Gm ; Mabel, Minnesota
Consultant	
Independent Soles Pap.	Ew Energy Systems, Irc.; San Marios, California

SCHEDULE F - AGREEMENTS

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identify the data, 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 ser 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 for	
f government service; antained by a former employer.	

continuation of ceneral of payments by a former of current employer outer than the U.S. government, or continuing participation in an employee v	miners, or continuing participation in an employee wenter or perfer part manual by a uniter employer.
Date Parties to Agreement	Terms of Agreement
Decapt Hopedonn - Exp Energy - State of Calif. back commissions in excess	back commissions in excess of \$20,000.
5-0203 Horobon - Colorce A. N.A.	Resigned position
7	Resigned position, comp, a future payments conditional woon
	Suite of Assots

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.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services