| | | | APR 27 2016 |
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| UNITED STATES HOUSE OF REPRESENTATIVES | | FORM B | Page 1 of 1 |
| FINANCIAL DISCLOSURE STATEMENT | For New Members, C | For New Members, Candidates, and New Employees | LEGISLATIVE RESSURCE CENTER |
| Name: Mark A. Hrat | Davrime Telephone | | 2016 MAY -4 PM 1:54 |
| Н | | | Control of the second of the s |
| New Member of or Candidate for State: WV U.S. House of Representatives District: 2 Candidates – Date of Election: 5 10 | 6 | Check if Amendment | (Office Use Only) |
| New Officer or Employee Employing Office: | | Period Covered: January 1, 2016 to 4/26/14 | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS | F THESE QUESTION | 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 unearned income from any reportable asset during the reporting period? | No [| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | ng the reporting period Yes X No No |
| C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | No No | F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | arrangement with an Yes No X |
| 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? | № | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | nn \$5,000 from a single Yes 🔀 No 🔝 |
| ATTACH THE COR | ATTACH THE CORRESPONDING SCHEDULE IF YOU | EDULE IF YOU ANSWER "YES" | S" |
| THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE | THE SCHEDULES T | HAT YOU ARE REQUIRED TO COMPLETE | O COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS | T INFORMATION - | ANSWER BOTH OF THESE | E 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 dependent child? | on Ethics and certain other "ild? | 'excepted trusts" need not be disclosed. Ha | ave you excluded from Yes 🔲 No 🔀 |
| EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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. | income, or liabilities of a spoi ittee on Ethics. | use or dependent child because they meet | all three tests for Yes No 🔀 |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. For an ownership interest in a privately-held busine that is not publicly traded, state the name of the business, the nature of its activities, and Provide complete names of stocks and mutual fund (do not use only ticker symbols). 쿒 requirements, please refer to the instruction booklet f you so choose, you may indicate that an asset o ncome source is that of your spouse (SP) o bependent child (DC), or jointly held with anyone (JT) f you have a privately-traded fund that is an Excepte nvestment Fund, please check the "EIF" box. ncome during the reporting period); and any financi interest in, or income derived from, a feder peographic location in Block A. provide a complete address or description, rental property," and a city and state. For rental and other real property held for investment provide a complete address or description, e.g. more than \$1,000 in interest-bearing accounts dentify (a) each asset held for investment or roduction of income and with a fair market value xxxeeding \$1,000 at the end of the reporting period. omes and vacation homes (unless there was rent etirement program, including the Thrift Savings Plan the optional column on the far left. (b) any other reportable asset me which generated more t amed" income during the year Assets and/or income Sources Expallicant of LLC Now 020 Exters St. Examples Colonic 1 Simon & Schuster ABC Hedge Fund Mega Corp Stock **BLOCK A** F)ocide 5 윽 띢 × please specify the method used. If an asset was sold during the reporting period and included only because it generated income, the val *Column M is for assets held by your spouse or depend child in which you have no interest. Indicate value of asset at close of the reporting period. I you use a valuation method other than fair market value None > should be "None." \$1-\$1,000 œ o \$1,001-\$15,000 \$15,001-\$50-000 0 × \$50,001-\$100,000 ш Value of Asset 73 \$100,001-\$250,000 BLOCK B ດ \$250,001-\$500,000 \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 $\overline{}$ \$25,000,001-\$50,000,000 Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000* ኟ Check all columns that apply. For that generate tax-defarred income 401(k), IRA, or 529 accounts), check the Tax-Deferred X NONE generated no income during the even if reinvested, must be disclosed a DIVIDENDS × ģ × RENT Type of Income INTEREST BLOCK C **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED For account the ass you may Partnersh taxab (such as Royalbes gains 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" offer assets indicate the category of income by checking the appropriate box below. Divided and capital gains, even if reinvested, must be disclosed as income for assets i 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 7 \$1,001-\$2,500 ~ Current Year \$2,561,\$5,000 \$5,001-\$15,000 × ≦ \$15,001-\$50,000 ≦ \$50.001-\$100.000 \$100,001-\$1,000,000 × Amount of Income \$1,000,001-\$5,000,000 × × Over \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000* \$1-\$200 = # \$201-\$1,000 \$1,001-\$2,500 ₹ < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≨ \$15,001-\$50,000 None" column.
Dividends, in ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × taxabl × Over \$5,000,000 Spouse/DC Income over \$1,000,000* ×

SCHEDULE C - EARNED INCOME

Name: Mark A. Hunt Page 23

| ter you are on House payroll. The 2015 limit on outside earned income for , certain types of income (notably honoraria, director's fees, and payments for | 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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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. | INCOME LIMIT Members and e professional ser |
|---|--|---|
| e Social Security Act. | EXCLUDE : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the | EXCLUDE: Mil |
| emment) totaling \$200 or more during the reporting period. For both the filer g\$1,000. See examples below. | 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. | List the source, and filer's spous |
| | | |

| EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. |
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| NCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for |
| Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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. |

| | 1 | Am | Amount |
|---|-----------------------------|------------------------|---------------------------|
| Source (include date of receipt for nonoraria) | Туре | Current Year to Filing | Preceding Year |
| ╝ | Honorarium | \$20,000 | \$500 |
| Examples: Civil War foundtable (Oct. 2) Ontario County Board of Education | Spouse Speech Spouse Salary | \$20,000 \$0 N/A | \$1,000 \$1,000 N/A |
| Warle A. Hurt & Asso, Athrayo, Charleston, W | Salary | 64,709 | 194, 127 |
| Solvhous Positive Be havior, So. Chas., WY | Salary | 4,192.00 | 12,576.00 |
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SCHEDULE D - LIABILITIES

Name: Mark M. Hat

Page 4 of 5

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 exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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| | FO V | 8 | 411 | 17 17 | xample | | | |
| , | IELA, Chartefull M | ic mae stubutton | isbura Pa. | LOANS Direct Lans | First Bank of Wilmington, DE | Creditor | | |
| | 1995 | 28/40 | | 8 10 | 5/98 | Date Liability Incurred MO/YR | | |
| | Stop + LGZ | StartLan | Student Loan | | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | | | | | \$10,001- \$15,000 | > | |
| | | | | | | \$15,001- \$50,000 | æ | |
| | | | | | | \$50,001- \$100,000 | c | |
| | | | | | × | \$100,001- \$250,000 | 0 |] |
| | | | | | | \$250,001- \$500,000 | m | moun |
| | | | | | | \$500,001- \$1,000,000 | п | of Li |
| | | | | | | \$1,000,001- \$5,000,000 | a | Amount of Liability |
| | X | | | | | \$5,000,001- \$25,000,000 | Ξ | |
| | | メ | | | | \$25,000,001- \$50,000,000 | _ | |
| | | | | | | Over \$50,000,000 | د | |
| | | | X | | | Over \$1,000,000* (Spouse/DC Liability) | * | |
| | | MOHELA, Chestalul M. 1995 Stylen + Lan X | MOHELA, Chestatul M. 1995 Stylent Lan X | MOHELA, Chesterfield M. 1995 Strobent Lan X | FED LOANS I Direct Lown Stoler Loan Harrisburg Pa. J Student Loan X X Sallie Mare Student Loan Loan X X X MOHELA, Chrotestally M. 1995 Student Loan X X | DE | \$10,001- \$15,000 \$15,001- \$50,001- \$100,000 \$250,001- \$250,000 \$250,001- \$250,000 \$1,000,001- \$1,000,000 \$1,000,001- \$5,000,000 \$25,000,001- \$25,000,000 \$0 ver \$50,000,000 Over \$50,000,000 | Creditor Date Liability Type of Liabil |

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.

| New Colonia M Broadcasting L.LC. | Pr. Har |
|--------------------------------------|-----------------|
| Hair Exchange LLC | Partner |
| Mismi Rewalls LLC | たよる |
| Mark A Hart + Asso, Athorney & PLLC. | Sole Proprieto, |
| Name of Organization | Position |

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| SCHEDU | SCHEDULE F – AGREEMENTS | Name: Mark A. Hu.J+ |
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| Identify the dat | 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 or | respect to: future employment; a leave of absence during the period of government service; t; or continuing participation in an employee welfare or benefit plan maintained by a former employer. |
| Date | Parties to Agreement | Terms of Agreement |
| | Nove | |
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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.

| government an | u any information considered confidential as a result of a | government and any miorination considered continuential as a result of a privileged relationship recognized by law. Do not repeat miorination issued on scriedule co. |
|---------------|--|---|
| | Source (Name and City/State) | Brief Description of Duties |
| Example: | Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| Nova | Va_ | (Fee generated by Moha Hut & Asso. PLL Gie |
| | | privileged under attorny client agreements) |
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