

UNITED	UNITED STATES HOUSE OF REPRESENTATIVES		FORM B		Page 1 of
FINANCIAL	FINANCIAL DISCLOSURE STATEMENT	For New Members, C	For New Members, Candidates, and New Employees	Edist Mike Sieshing of the	
				2016 SEP 28 PM 5: 41	15:41
Name:1	Trey Hollingsworth	Daytime Telephone:	<u> </u>	S. HOUSE OF THE COMMEN	A Company of the Comp
FILER	New Member of or Candidate for State: IN U.S. House of Representatives District: 09 Candidates – Date of Election: November 8, 2016			(Office	(Office Use Only)
STATUS	New Officer or Employee Employing Office:		Period Covered: January 1, 2015 to August 31, 2016.	A \$200 penalty shall I individual who files n	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMI	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTION	SNC		
A. Did you, you a. Own any end of th b. Make mo asset dur	Did you, your spouse, or your dependent child: 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 No	E. Did you hold any reportable positions during the reporting or in the current calendar year up through the date of filing?	table positions during the reporting period year up through the date of filing?	Yes X No
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "eamed" 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 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 or in the current	Yes No x
D. Did you, you liability (more t	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? Yes	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 single s?	Yes No X
	ATTACH THE COR	ATTACH THE CORRESPONDING SCHEDULE IF YOU A	DULE IF YOU ANSWER "YES"	S.	
	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	THE SCHEDULES T	HAT YOU ARE REQUIRED TO COMPLETE	COMPLETE	
EXCLUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BO</u>	T INFORMATION -		TH OF THESE QUESTIONS	
TRUSTS - De this report deta	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or your dependent child?	on Ethics and certain other " int child?		not be disclosed. Have you excluded from	Yes No X
EXEMPTION - tests for exem	EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, 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, transactions, or liabi e Committee on Ethics.	lities of a spouse or dependent child becau	use they meet all three	Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Trey Hollingsworth Page 2 of 7

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	Vanguard Prime Money Market Fund	Hollingsworth Capital Partners Real Estate LLCs (See Filer Note 1)	HGI - Midwest III, LLC (Indianapolis, IN)	HGI - Midwest II, LLC (Indianapolis, IN: Columbus, OH)	HGI - Midwest I, LLC (Indianapolis, IN)	HGI - Kentucky, LLC (Morrow, GA; Charleston, SC	HGI - Indiana, LLC (Sauget, IL; Indianapolis, IN)	HGI - Illinois, LLC (Sauget, IL)	HGI - Georgia, LLC (Greenfield, IN; Birmingham, AL)	HGI - Atlanta, LLC (Atlanta, GA)	HGI, LLC (Financial Asset Holding Co)	HCP - Alexin, LLC (Aluminum Business)	-Vanguard Small-Cap Index Portfolio	- Vanguard 500 Index Portfolio	ASSET NAME EF					Assets and/or income Sources	BLOCK A
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SCHEDULE C - EARNED INCOME

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	Name: Trey Hollingsworth
	Page4 of7

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

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S	Source (include date of receipt for honoraria)	Type	•	Preceding Year
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	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples:	State of Maryland	Salary	\$20,000	\$76,000
1,111	CMI War Roundaine (Oct. 2) Ontario County Board of Education	Spouse Salary	N/A	\$1,000 N/A
Hollingsworth G. P.		Salary	\$22,884.72	\$34,655.40
P&F Inc (2015 - 2016)		Spouse Salary	N/A	N/A
Circe LLC (2015 - 2016)		Spouse Salary	N/A	N/A

SCHEDULE D - LIABILITIES

Name: Trey Hollingsworth Page 5 of 7

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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				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.

Position	Name of Organization
Managing Member	HCP and HGI Entities

SCHEDULE F - AGREEMENTS

Name: Trey Hollingsworth Page_ Ò 잌

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 None Parties to Agreement Terms of Agreement

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.

C		
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
None		

FILER NOTES (Optional)

Name:	
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