

SCHEDULE I – EARNED INCOME (INCLUDING HONORARIA)

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a 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.

U.S. HOUSE OF REPRESENTATIVES
OFFICE OF THE CLERK

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For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

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4/26/20

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SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

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Asset and/or Income Source		Value of Asset													Type of Income							Current Year												Preceding Year																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income--(Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					</

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																											
Asset and/or Income Source		Value of Asset													Type of Income								Amount of Income																											
		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income--(Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year															
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*										I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII			
Centurion Inc KTS				X																X			X																											
Hammer Inc NTS				X																X			X																											
GE Capital Intenotes (IEF)				X																X			X																											
Zshaves Reeling T-Bonds FD				X																X			X																											
IShares I BOXA \$ Int				X																X			X																											
Gen DE Corp Bond Fund (100)				X																X			X																											
Zshaves Reeling 20+ Years Treas Bd FD (YLT)				X																X			X																											
BD Portfolio (PHB)				X																X			X																											
PowerShares ETF Trust II (BKLN)				X																X			X																											
Easton Unacc 60% / Macro Absolute Return Fund (EXGR)				X																X			X																											
Tech Emerging Markets Income Fund (TGTIX)				X																X			X																											
UBS Money Market						X														X			X																											
Benjamin F. Edwards Money Market						X														X			X																											
Wells Fargo Bank Accts						X														X			X																											
Sun Trust Bank Acct				X																X			X																											

Continuation Sheet (if needed)

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SCHEDULE III -- LIABILITIES

Name

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	<i>Example: First Bank of Wilmington, DE</i>	May 1998	Mortgage on 123 Main Street, Dover, DE	\$10,001—\$15,000	\$15,001—\$50,000	\$50,001—\$100,000	\$100,001—\$250,000	\$250,001—\$500,000	\$500,001—\$1,000,000	\$1,000,001—\$5,000,000	\$5,000,001—\$25,000,000	\$25,000,001—\$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	<i>Bank America</i>	Oct 2012	line of credit				X							
	<i>Sun Trust</i>	Dec 2012	line of credit	X										
	<i>American Express</i>	Dec 2012	revolving charge acct	X										

SCHEDULE IV -- POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
<i>Partner</i>	<i>Goodman The Battery Lindsey & Johnson, LLP (law firm) Atlanta, Ga.</i>
<i>Chair</i>	<i>Conservative Policy Leadership Institute (non profit)</i>
<i>Chair</i>	<i>Families For Better Public Schools (non profit)</i>

SCHEDULE V - AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement 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	Parties To	Terms of Agreement

SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Confidential clients are not reported pursuant to Rule 1.6 of the Georgia State Bar Rules for Ethics & Professionalism and confidentiality agreements entered into with clients at the time my services were rendered.	