

UNITED STATES HOUSE OF REPRESENTATIVES
2019 FINANCIAL DISCLOSURE STATEMENT
Form A
For Use by Members, Officers, and Employees

Name: Trey Hollingsworth
Date Telephone: 202-225-5315
DELIVERED

A \$200 penalty shall be assessed against an individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>IN</u>	Officer or Employee	Employing Office:
REPORT TYPE	<input checked="" type="checkbox"/> 2019 Annual (Due: May 15, 2020)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
				Date of Termination:

PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS

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? <input checked="" type="checkbox"/> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gifts (totaling more than \$300 in value from a single source during the reporting period?)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$300 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER YES	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "accepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Trey Hollingsworth

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BLOCK A													
Assets and/or Income Sources													
<p>Identify: (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period; and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only "tier symbols").</p>													
<p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting threshold.</p> <p>If your 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 more than \$1,000 in interest-bearing accounts.</p>													
<p>For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.</p>													
<p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p>													
<p>Exclude: Your personal residence, including second homes and vacation homes; if there was rental income during the reporting period; and any financial investment in, or income derived from, a pension or retirement program, including the Thrift Savings Plan.</p>													
<p>If you report a privately-held fund that is an Excepted Investment Fund, please check the "EIF" box.</p>													
<p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JTF).</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>													
Value of Asset													
A	B	C	D	E	F	G	H	I	J	K	L	M	
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*													
NONE													
DIVIDENDS													
RENT													
INTEREST													
CAPITAL GAINS													
EXCEPTED/BLIND TRUST													
TAX-DEFERRED													
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)													
None													
\$1-\$200													
\$201-\$1,000													
\$1,001-\$2,500													
\$2,501-\$5,000													
\$5,001-\$15,000													
\$15,001-\$50,000													
\$50,001-\$100,000													
\$100,001-\$1,000,000													
\$1,000,001-\$5,000,000													
Over \$5,000,000													
Spouse/DC Asset with Income over \$1,000,000*													
Type of Income													
<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 403(b) accounts), you may check the "Tax-Deferred" category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income here unless generated no income during the reporting period.</p> <p>*Column M is for assets held by your spouse or dependent child who have no internet.</p>													
BLOCK B													
Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 403(b) accounts), you may check the "Tax-Deferred" category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income here unless generated no income during the reporting period.													
<p>Check all columns that apply. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the asset held (e.g., savings, purchases (P), sales (S), or exchanges (E)) in the reporting period.</p> <p>*Column XI is for assets held by your spouse or dependent child in which you have no internet.</p>													
BLOCK C													
<p>Check all columns that apply. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the asset held (e.g., savings, purchases (P), sales (S), or exchanges (E)) in the reporting period.</p> <p>*Column XII is for assets held by your spouse or dependent child in which you have no internet.</p>													
BLOCK D													
<p>Indicate if the following: (a) (part i). Leaves this column blank if there are no transactions that exceeded \$1,000.</p> <p>If only a portion of information is available, indicate as follows: (a) (part i).</p> <p>P. S. (Sign), or E (Stamp).</p>													
<p>Transaction</p>													
<p>Indicate if the following: (a) (part i). Leaves this column blank if there are no transactions that exceeded \$1,000.</p> <p>If only a portion of information is available, indicate as follows: (a) (part i).</p> <p>P. S. (Sign), or E (Stamp).</p>													
BLOCK E													

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Trey Hollingsworth

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Trey Hollingsworth

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BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset												BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction	
	A	B	C	D	E	F	G	H	I	J	K	L	M			
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*																
NONE																
DIVIDENDS																
RENT																
INTEREST																
CAPITAL GAINS																
EXCEPTED/BLIND TRUST																
TAX DEFERRED																
Other Type of Income (Specify, e.g., Partnership Income or Farm Income)																
None																
\$1-\$200																
\$201-\$1,000																
\$1,001-\$2,500																
\$2,501-\$5,000																
\$5,001-\$15,000																
\$15,001-\$50,000																
\$50,001-\$100,000																
\$100,001-\$250,000																
\$250,001-\$500,000																
Over \$500,000																
Spouse/DC Asset with income over \$1,000,000*																
P																
U.S. Savings or H																

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: **Trey Hollingsworth**

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ROW # J	ASSET NAME EIR	BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income		BLOCK E Transaction			
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	U	V	W	X	Y	Z	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*																	
														None																	
														Dividends																	
														Rent																	
														Interest																	
														Capital Gains																	
														Excepted/Blind Trust																	
														Tax-Deferred																	
														Other Type of Income (Specify e.g., Partnership Income or Farm Income)																	
														None																	
														\$1-\$200																	
														\$201-\$1,000																	
														\$1,001-\$2,500																	
														\$2,501-\$5,000																	
														\$5,001-\$15,000																	
														\$15,001-\$50,000																	
														\$50,001-\$100,000																	
														\$100,001-\$1,000,000																	
														\$1,000,001-\$5,000,000																	
														Over \$5,000,000																	
														Spouse/DC Asset with income over \$1,000,000*																	
														P, S, Short, or H																	

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: **Trey Hollingsworth**

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BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income												BLOCK D Amount of Income	BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K	L	M	
	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*														
	NONE														
	DIVIDENDS														
	RENT														
	INTEREST														
	CAPITAL GAINS														
	EXCEPTED/BLIND TRUST														
	TAX-DEFERRED														
	Other Type of Income (Specify e.g., Partnership income or Farm Income)														
	None														
	\$1-\$200														
	\$201-\$1,000														
	\$1,001-\$2,500														
	\$2,501-\$5,000														
	\$5,001-\$15,000														
	\$15,001-\$50,000														
	\$50,001-\$100,000														
	\$100,001-\$1,000,000														
	\$1,000,001-\$5,000,000														
	Over \$5,000,000														
	Spouse/DC Asset with income over \$1,000,000*														
	P. S. Signature														

Use additional sheets if more space is required.

SCHEDULE B – TRANSACTIONS

Name: Trey Hollingsworth

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Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

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L - he - ce - a, a d a - f i l e s e t c - g o f - a **c e (he ha ha f e c e e b he U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouses 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: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **Members:** Members are required to report all liabilities secured by real property (including mortgages on their personal residence). **Excluded:** Any mortgages 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 your spouse. Report a **revolving charge account** (e.g., 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.

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, consultant, or 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.

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Trey Hollingsworth

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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	Parties to Agreement	Terms of Agreement
	None	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$300 received by you, your spouse, or your dependent child from any source during the year. Exclude gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), fiscal meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$300 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

E	:	Source	Description	Value
		Mr. Joseph Smith, Arlington, VA	Silver Pfeffer (prior determination of personal friendship received from the Committee on Ethics)	\$400
		None		

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Trey Hollingsworth

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$300 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or your reporting entity.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Exhibit#:	Source	Date(s)	City of Departure/ Destination/ City of Return		Lodging? (Y/N)	Food? (Y/N)	Fees? (Y/N)	Priority Member Indicators? (Y/N)
			Outbound	Inbound				
	Government of China (MEDEIA)	Aug. 6-11	DC-Beijing, China-DC		Y	Y	N	
	Habitat for Humanity (Family Assistance)	Mar. 3-4	DC-Bethesda-DC		Y	Y	N	
	None							

Use additional sheets if more space is required.

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2018	\$2,000
XYZ Magazine	Article	Aug. 13, 2018	\$500
None			

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

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NOTE NUMBER	NOTES
1	<p>HCP (Jeffersonville, OH; Greenville, SC); Texas (Fort Worth, TX); Kentucky (Louisville, KY); Mt. Sterling, KY; Alabama (Montgomery, AL); Investments I (St. Louis, MO); Virginia (Petersburg, VA); Tennessee (Jackson, TN); Arkansas (Little Rock, AR); Georgia (Norcross, GA); McDonough (McDonough, GA); DFW Office (Fort Worth, TX); Fulton Industrial (Atlanta, GA); Indiana (Indianapolis, IN); Intermodal (Louisville, KY); Investments II (Decatur, GA; Erlanger, KY; Cincinnati, OH; Charleston, SC; Greensboro, NC; Winston-Salem, NC); Investments III (Cumberland, MD; Houston, TX; Memphis, TN; Memphis (Alaska, GA); Columbia, SC; Louisville, KY); Middle Tennessee (Gordonsville, TN); South Carolina (Simponville, SC); Investments IV (Charlotte, NC; Dallas, TX); SCM (Indianapolis, IN); SK (Fairfield, OH); North Carolina (Greensboro, NC); -Columbus (Columbus, OH); Investments VI (Huber, SC; Kettering, OH; Augusta (Augusta, GA)).</p>

Use additional sheets if more space is required.