

UNITED STATES HOUSE OF REPRESENTATIVES

For Use by Members, Officers, and Employees

1019884

Name: Trey Holingsworth Daytime Telephone: 202-225-5315

2020 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

KEMPFAFFY / REED

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>IN</u>
REPORT TYPE	<input checked="" type="checkbox"/> 2020 Annual (Dues: May 17, 2021)	District: <u>09</u>
	<input type="checkbox"/>	Amendment

<input type="checkbox"/>	Officer or Employee	Employing Office:	Staff/Filler Type: <small>(If Applicable)</small>
<input type="checkbox"/>	Shared	<input type="checkbox"/> Principal Assistant	<input type="checkbox"/>
<input type="checkbox"/>	Termination	Date of Termination:	DATE REC'D 10/13/03

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? OR | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| G. Did you, your spouse, or your dependent child receive any reportable gifts (totaling more than \$45 in value from a single source during the reporting period)? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$45 in value from a single source 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"/> |
| 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.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A												BLOCK B												BLOCK C												BLOCK D											
Assets and/or Income Sources												Value of Asset												Type of Income												Amount of Income											
<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 tickers/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 thresholds.</p> <p>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 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 geographical location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes unless there was rental income during the reporting period; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan if you report a privately-traded fund that is an Exchange Fund, please check the "E/F" 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 (JY). In the optional column on the far left, For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>																																															
																								<p>If the value of asset at close of the reporting period, if you use a tax-deferred valuation method other than fair market value, please specify the method (e.g., 401(k), IRA, or any other tax-deferred account), you may check the "Tax-Deferred" category of income by checking the appropriate box below.</p> <p>Dividends, interest, and capital gains, even dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated because it generated income, the value should be "None."</p> <p>*Column M is for assets held by your spouse or dependent child in which you have no interest.</p>																							
																								<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or any other tax-deferred account), you may check the "None" column. For all other assets indicate the asset held (e.g., stock, bond, mutual fund, etc.), the type of interest (e.g., dividend, interest, and capital gains, even if reinvested), and the amount of income for assets held in taxable accounts. Check "None" if no income was earned or generated because it generated no income during the reporting period.</p> <p>*Column XII is for assets held by your spouse or dependent child in which you have no interest.</p>																							
																								<p>Check all columns that apply. For assets for which you checked "Tax-Deferred" in Block C, you must indicate the asset held (e.g., stock, bond, mutual fund, etc.), the type of interest (e.g., dividend, interest, and capital gains, even if reinvested), and the amount of income for assets held in taxable accounts. Check "None" if no income was earned or generated because it generated no income during the reporting period.</p> <p>*Column XII is for assets held by your spouse or dependent child in which you have no interest.</p>																							
SP, DC, JY	SP	Major Corp. Stock	X	Interest	X	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	Transaction																													
																		<p>Indicates if the asset was sold, or otherwise disposed of during the reporting period.</p> <p>If only a portion of an asset was sold, please indicate as follows: (S) (part).</p> <p>Leave this column blank if there are no transactions that exceeded \$1,000.</p>																													
Exemptions		Simon & Schuster	X	Interest	X	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	<p>Indicates if the asset was sold, or otherwise disposed of during the reporting period.</p> <p>If only a portion of an asset was sold, please indicate as follows: (S) (part).</p> <p>Leave this column blank if there are no transactions that exceeded \$1,000.</p>																													
																		<p>P, S, (S/part), or E</p>																													
<p>Personal Bank Account (Suntrust)</p>												<p>X</p>												<p>X</p>												<p>X</p>											
<p>Personal Bank Account (BB&T)</p>												<p>X</p>												<p>X</p>												<p>X</p>											
<p>Vanguard Federal Money Market Fund</p>												<p>X</p>												<p>X</p>												<p>X</p>											
<p>Vanguard Total Int'l Stock Index Fund ETF</p>												<p>X</p>												<p>X</p>												<p>X</p>											
<p>Vanguard Total Stock Market ETF</p>												<p>X</p>												<p>X</p>												<p>X</p>											
<p>Vanguard Federal Money Market Fund</p>												<p>X</p>												<p>X</p>												<p>X</p>											

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Trey Hollingsworth

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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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	N	O	P	Q	R	S	T	U	V	W	X	Y
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, SIGHT, or E																												

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Trey Hollingsworth

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SP. ID # J#	ASSET NAME	EIN	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	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																																																											
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			\$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-\$60,000																																																											
			\$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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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box unless it was an asset in a tax-deferred account, and indicate the capital gain income on Schedule A.

*Column K is for assets solely held by your spouse or dependent child.

SP, DC, IT	Asset	Type of Transaction	Date	Amount of Transaction									
				A	B	C	D	E	F	G	H	I	J
SP	Example Corp Stock	Purchase											
		Sale											
		Partial Sale											
		Exchange											
				Check Box if Capital Gain Exceeded \$200									
				(M) DAILY Quarterly, Monthly, or Bi- weekly, if applicable									
					\$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
													Over \$1,000,000* (Spouse/DC Asset)

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name:

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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 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.

INCOME LIMITS and PROHIBITED INCOME: The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,845. The 2021 limit is \$26,595. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type
Karen Sato State of Alaska City Water Boardable (cont. 2)	Approved Testimony Social Justice Spouse/Sibling
Examples:	

SCHEDULE D - LIABILITIES

Name: _____ Page 9 of 13

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. **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.

Creditor SP, DC, JT	Date Incurred MO/YR	Type of Liability	Amount of Liability							
			A	B	C	D	E	F	G	H
Example	First Bank of Wilmington, DE	Mortgage on Rental Property, Dover, DE	\$10,001- \$15,000							
			\$15,001- \$50,000							
			\$50,001- \$100,000							
			\$100,001- \$250,000	x						
			\$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							
			Over \$1,000,000* (Spouse/DC Liability)							

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 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.

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

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.

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SCHEDULE G - GIFTS

Date	Parties to Agreement	Terms of Agreement
	None	

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 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), local 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 \$166 or less need not be added towards the \$415 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.

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: _____

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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 \$415 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 were paid by you and reimbursed by the sponsor.

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.

Identify the source and list travel itinerary, date, reporting period. Indicate whether a family paid by you and reimbursed by the sponsor.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
Government of China (NECEA) Examples: Habitat for Humanity (Charity Fundraiser)	Aug. 6-11 Mar. 3-4	DC-Baoding, China-DC DC-Boston-DC	Y Y	Y Y	N Y
None					

Use additional sheets if more space is required.

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN
LIEU OF HONORARIA**

Name:

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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.

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name:

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NOTE NUMBER	NOTES
1	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 (Canden, NJ; Houston, TX; Memphis, TN); Memphis (Atlanta, GA; Columbia, SC; Louisville, KY); Middle Tennessee (Gordonville, TN); South Carolina (Simpsonville, SC); Investments IV (Charlotte, NC); SCM (Indianapolis, IN); SK (Fairfield, OH); RA (Fairfield, OH); North Carolina (Greensboro, NC); Columbus (Columbus, OH); Investments VI (Duncan, SC; Kettering, OH); Augusta (Augusta, GA)

Use additional sheets if more space is required.