

UNITED STATES HOUSE OF REPRESENTATIVES**FINANCIAL DISCLOSURE STATEMENT**

FORM B

For New Members, Candidates, and New Employees

Name: Troy A. Hunter**Daytime Telephone** 7**MU**
**HAND
DELIVERED**

FILER STATUS	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives	State: _____	<input type="checkbox"/> Check if Amendment	(Office Use Only)
	Candidates - Date of Election: <u>3/20/21</u>	District: <u>3</u>		
<input type="checkbox"/> New Officer or Employee	Staff Filer Type (if Applicable):	Period Covered: January 1, <u>2021</u> to <u>December 31, 2021</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	
<input type="checkbox"/> Employing Office: _____	Shated <input type="checkbox"/> Principal Assistant <input type="checkbox"/>			

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"/> Yes <input type="checkbox"/> No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION – Have you excluded from this report any other assets, "unearned" 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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Troy A. Walker Page 2 of 4

BLOCK A		BLOCK B		BLOCK C	
Assets and/or Income Sources		Value of Asset		Type of Income	
<p>Identify (a) each asset held for investment or indicate value of asset at close of the reporting period. If you generate tax-deferred income (such as 401(k) or 403(b), or 529 accounts), you may check the "None" column. For all other assets, indicate a valuation method other than fair market value, please specify the method used.</p> <p>(b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use any ticker 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., residential 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>Excluded: 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.</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 (J), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>					
SP, DC, J	None	A	B	C	D
Exemptible:	Main Corp Stock Simon & Schuster ABC Hedge Fund	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Apple Stock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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SCHEDULE C – EARNED INCOME

Name: Troy A. Meyer Page 1 of 7

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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 both the filer and filer's 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: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2021 limit on outside

can also include non-wages and employees' compensation or above-the-line staff rate was \$20,000. The 2022 limit is \$20,000. 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.

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

Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year	Amount
Examples:				
ABC Trade Association, Baltimore, MD (July 16)	Honorarium	\$0	\$500	\$500
State of Maryland	Salary	\$20,000	\$75,000	
Chief War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A	
<u>United States House of Representatives</u>	<u>Salary</u>	<u>114,000.00</u>	<u>30,000.00</u>	
<u>347 Venett Street</u>	<u>Salary</u>	<u>8,500.00</u>	<u>8,500.00</u>	
<u>Louisiana State Senate</u>	<u>Salary</u>	<u>150,000.00</u>	<u>150,000.00</u>	
<u>Policy & Planning Partners</u>	<u>Salary</u>	<u>0</u>	<u>0</u>	

SCHEDULE D – LIABILITIES

Name: Troy A. Murtler

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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 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.

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.

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.

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.

Name: Troy A. Carter Page 6 of 17

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.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, State	Accounting Services <i>N/A</i>

**FILER NOTES
(Optional)**

Name: Troy A. Carter Page 1 of 1

NOTE NUMBER	NOTES
N/A	P

Use additional sheets if more space is required.