



Filing ID #10063012

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Hon. Jared Golden  
**Status:** Member  
**State/District:** ME02

## FILING INFORMATION

**Filing Type:** Amendment Report  
**Filing Year:** 2020  
**Filing Date:** 01/8/2025

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Maine Family Credit Union Checking [BA]	SP	\$1,001 - \$15,000	None		<input type="checkbox"/>
Maine Family Credit Union Money Market Account [BA]	JT	\$15,001 - \$50,000	None		<input type="checkbox"/>
Maine Family Credit Union Savings [BA]	SP	\$1,001 - \$15,000	None		<input type="checkbox"/>
Maine Public Employees Retirement System [DB]	SP	\$1,001 - \$15,000	Tax-Deferred		<input type="checkbox"/>
Maine Public Employees Retirement System [DB]		\$1,001 - \$15,000	Tax-Deferred		<input type="checkbox"/>
TD Bank Checking Account [BA]	JT	\$1,001 - \$15,000	None		<input type="checkbox"/>
USAA Checking Account [BA]		\$1,001 - \$15,000	None		<input type="checkbox"/>
Vanguard - Roth IRA ⇒ Vanguard Target Retirement 2055 Fund (VFFVX) [MF]	SP	\$1,001 - \$15,000	Tax-Deferred		<input type="checkbox"/>

\* Investment vehicle details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Type	Amount
State of Maine	Spouse salary	N/A
Barbri Inc	Spouse consulting	N/A

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	United Wholesale Mortgage	July 2020	Mortgage on private residence in Lewiston, ME	\$250,001 - \$500,000
SP	Nelnet	2010	Student Loan	\$50,001 - \$100,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
December 2018	Filer and Maine Public Employee Retirement System	Continuing participation in a employee benefit plan that provides service retirement benefits.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

SCHEDULE A AND B INVESTMENT VEHICLE DETAILS

o Vanguard - Roth IRA (Owner: SP)
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## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**IPO:** Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

**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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## COMMENTS

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Hon. Jared Golden , 01/8/2025