



Filing ID #10040169

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

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

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2020
Filing Date: 08/12/2021

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 | Interest | \$1 - \$200 | <input type="checkbox"/> |
| Maine Family Credit Union Savings [BA] | SP | \$1,001 - \$15,000 | Interest | \$1 - \$200 | <input type="checkbox"/> |
| ROTH IRA ⇒ Vanguard Retirement Target Fund 2055 [MF] | SP | \$1,001 - \$15,000 | None | | <input type="checkbox"/> |
| TD Bank Checking Account [BA] | JT | \$1,001 - \$15,000 | None | | <input type="checkbox"/> |
| Thrift Savings Plan [PE] | | \$50,001 - \$100,000 | None | | <input type="checkbox"/> |
| USAA Checking Account [BA] | | \$1,001 - \$15,000 | None | | <input type="checkbox"/> |

* Asset class 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 | \$19,620.00 |
| Barbri Inc | Spouse consulting | \$1,995.00 |

SCHEDULE D: LIABILITIES

| Owner | Creditor | Date Incurred | Type | Amount of Liability |
|-------|---------------------------|---------------|--------------------|-----------------------|
| JT | Chase | Feb 2021 | Vehicle loan | \$15,001 - \$50,000 |
| JT | United Wholesale Mortgage | July 2020 | Personal Residence | \$250,001 - \$500,000 |
| SP | Nelnet | 2010 | Student Loan | \$50,001 - \$100,000 |

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

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 ASSET CLASS DETAILS

- ROTH IRA (Owner: SP)
LOCATION: US

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

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 , 08/12/2021