

**HAND DELIVERED**, or 4

**UNITED STATES HOUSE OF REPRESENTATIVES**

**2019 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For Use by Members, Officers, and Employees

LEGISLATIVE RESOURCE CENTER  
**20 SEP 18 (Ethics Use Only)**

Name: James Hagedorn Daytime Telephone: 202-225-2472

OFFICE OF THE CHIEF ETHICS OFFICER  
A \$500 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Minnesota</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	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 type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) 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 checked="" type="checkbox"/> No <input 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"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	

**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.

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?

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.

IPO Yes  No   
TRUSTS Yes  No   
EXEMPTION Yes  No

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **JAMES** **Hegelmann**

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<b>BLOCK A</b>											
Assets and/or Income Sources											
Identify: (a) which asset held for investment or production of income, and with a fair market value valuation method other than fair market value, please specify the method used; and (b) any other reportable assets or sources of income that generated more than \$600 in "unearned" income during the year.											
Provide complete names of stocks and mutual funds (do not use only letter symbols).											
For all IRAs, and other retirement plans (such as 401(k) plans), provide the name of the "plan" held in the account that exceeds the reporting threshold.											
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$600, list every financial institution where there is more than \$1,000 in interest-bearing accounts.											
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.											
For non-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.											
Exclude: Your personal residence, including second homes and vacation homes (unless there were rental income during the reporting period); and any inherited interest in, or income derived from, a Federal Retirement program, including the Thrift Savings Plan. If you might be privately-held and that is an Excepted Investment Fund, please check the "EIP" box.											
If you are divorced, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JH), in the optional column on the left.											
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.											
Sp. DC	SP	Mtn Cap. Stock	JH	None							
Employee: <b>X</b> <b>Stenn &amp; Blawie</b> <b>ABC Hedge Fund</b>											
TD Ameritrade <b>X</b> <b>IRA</b> <b>EXAS</b>											
<b>BLOCK B</b>											
Value of Assets											
Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.											
If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."											
For all IRAs, and other retirement plans held by your spouse or dependent child in which you have no interest.											
<b>BLOCK C</b>											
Type of Income											
Check all columns that apply. For accounts that indicate that you checked "Tax-Deferred" in Block C, you indicate if the specific tax-deferred income (e.g., IRA, or my check the "None" column. For all other assets indicate the applicable column. You may check the "Tax-Deferred" category of income by checking the appropriate box below: purchases (P), dividends, interest, and capital gains, even if reinvested, sales (S), or exchange (E).											
If reinvested, must be deducted as income for assets held in taxable accounts. Check "None" if no income was held in taxable accounts. Check "None" if no income was held or generated no income during the reporting period.											
*Column XI is for assets held by your spouse or dependent child in which you have no interest.											
<b>BLOCK D</b>											
Amount of Income											
For assets for which you checked "Tax-Deferred" in Block C, you indicate if the specific tax-deferred income (e.g., IRA, or my check the "None" column. For all other assets indicate the applicable column. You may check the "Tax-Deferred" category of income by checking the appropriate box below: purchases (P), dividends, interest, and capital gains, even if reinvested, sales (S), or exchange (E) exceeding \$1,000 in the reporting period.											
If only a portion of an asset was sold, please indicate as follows: (\$-part). Leave this column blank if there are no transactions that exceed \$1,000.											
*Column XII is for assets held by your spouse or dependent child in which you have no interest.											
<b>BLOCK E</b>											
Transactions											
Indicate if the following transactions occurred during the reporting period:											
If only a portion of an asset was sold, please indicate as follows: (\$-part). Leave this column blank if there are no transactions that exceed \$1,000.											
I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
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-\$3,000											
\$3,001-\$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*											
Spouse/DC Asset over \$1,000,000*											
P, S, I, P/S, or E											

**SCHEDULE C - EARNED INCOME**

Name: James Hagedorn

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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 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

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.		
<b>EXCLUDE:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.		
<b>INCOME LIMITS and PROHIBITED INCOME:</b> The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. 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	Amount
Examples:		
Keene State State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Approved Teaching Fees Legislative Pension Spouse Speech Spouse Salary	\$0,000 \$18,000 \$1,000 N/A
Jennifer Carnahan - MN GOP N/A (Spouse)		
Jennifer Carnahan - Private Park N/A (Spouse)		
Jim Hagedorn - AmeriPhade	TVA Visit/Work	# 41,500

## SCHEDULE D – LIABILITIES

Name: James Hergelorn

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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. **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.

SP, DC, JR	Creditor	Date Liability Incurred	Type of Liability MOYR	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$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 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, 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.

### Position

### Name of Organization