

UNITED STATES HOUSE OF REPRESENTATIVES**2022 FINANCIAL DISCLOSURE STATEMENT**

Form A

For Use by Members, Officers, and Employees

(Office Use Only)

MC

Name: Douglas L. LambornDaytime Telephone: 202/225-4422

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CO</u>	Officer or Employee	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2022 Annual (Due: May 15, 2023)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination:

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

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 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? <input type="checkbox"/> 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? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period? <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 checked="" type="checkbox"/>	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 \$415 in value from a single source during the reporting period? <input type="checkbox"/> 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? <input checked="" type="checkbox"/>	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? <input type="checkbox"/> 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? <input checked="" type="checkbox"/>	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.

TRUST® – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted 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.

HAND DELIVEREDYes No Yes No Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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BLOCK A		BLOCK B												BLOCK C												BLOCK D												BLOCK E											
Assets and/or Income Sources		Value of Asset												Type of Income												Amount of Income												Transaction											
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.		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.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), 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, must be disclosed as income for assets held in taxable accounts. Check “None” if the asset generated no income during the reporting period.												Indicate if the asset had any checkmarks in the “Income” column. If only a portion of an asset was sold, please indicate as follows: (S (part)), (P, S, G (part)), or E.																							
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.		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.												If an asset was sold during the reporting period and is included only because it generated income, the value should be “None.”												“Column M is for assets held by your spouse or dependent child in which you have no interest.																							
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		For rental and other real property held for investment, provide a complete address or description, e.g., “rental property,” and a city and state.												“Column N is for assets held by your spouse or dependent child in which you have no interest.																																			
Spouse IR	Spouse JT	None	A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	IX	X	XI	XII																							
Example:		Simon & Schuster	\$1-\$1,000												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), 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, must be disclosed as income for assets held in taxable accounts. Check “None” if the asset generated no income during the reporting period.												Indicate if the asset had any checkmarks in the “Income” column. If only a portion of an asset was sold, please indicate as follows: (S (part)), (P, S, G (part)), or E.																						
ABC Hedge Fund		X	\$1,001-\$15,000												For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. purchases (P), 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 in the reporting period.																																		
ST Wells Fargo bank acc't.		X	\$15,001-\$50,000												Leave this column blank if there are no transactions that exceeded \$1,000.																																		
SP Ameritrade margin acc't.		X	\$50,001-\$100,000																																														
Ameritrade IRA		X	\$100,001-\$250,000																																														
SP Ameritrade IRA		X	\$250,001-\$500,000																																														
4/4 interest in farm in Leavenworth, KS		X	\$500,001-\$1,000,000																																														
Farm		X	\$1,000,001-\$25,000,000																																														
Over \$25,000,000		X	Over \$50,000,000																																														
Spouse/DC Asset over \$1,000,000*		X	Spouse/DC Asset with Income over \$1,000,000*																																														
Spouse JT	Spouse JT	None	I	II	III	IV	V	VI	VII	IX	X	XI	XII	None	I	II	III	IV	V	VI	VII	IX	X	XI	XII																								
Example:		Replete Partnership Income	X	\$1-\$200												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), 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, must be disclosed as income for assets held in taxable accounts. Check “None” if the asset generated no income during the reporting period.												Indicate if the asset had any checkmarks in the “Income” column. If only a portion of an asset was sold, please indicate as follows: (S (part)), (P, S, G (part)), or E.																					
ABC Hedge Fund		X	\$201-\$1,000												Leave this column blank if there are no transactions that exceeded \$1,000.																																		
ST Wells Fargo bank acc't.		X	\$1,001-\$2,500																																														
SP Ameritrade margin acc't.		X	\$2,501-\$5,000																																														
Ameritrade IRA		X	\$5,001-\$15,000																																														
SP Ameritrade IRA		X	\$15,001-\$50,000																																														
4/4 interest in farm in Leavenworth, KS		X	\$50,001-\$100,000																																														
Farm		X	\$100,001-\$1,000,000																																														
Over \$1,000,000		X	Over \$5,000,000																																														
Spouse/DC Asset with Income over \$1,000,000*		X	Spouse/DC Asset with Income over \$1,000,000*																																														
Spouse JT	Spouse JT	None	I	II	III	IV	V	VI	VII	IX	X	XI	XII	None	I	II	III	IV	V	VI	VII	IX	X	XI	XII																								

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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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.

ACT

Source (include date of receipt for honoraria)	Type	Amount
Keene State State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$8,000 \$16,000 \$1,000 N/A
Lamborn for Congress	Spouse hourly fee for bookkeeping and compliance	N/A
409 South Street, LLC	Spouse consultation income	N/A
Lamborn Acres State of Colorado	Farm Sales Legislative pension	#1,415 #7,737

SCHEDULE D – LIABILITIES

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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.

SP DC, JR	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
Exempt	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE		\$10,001-\$15,000									
SP	Amerivita de	5/11	Merge account	X	\$15,001-\$50,000									
JT	Wells Fargo Bank, N.A.	10/19	Line of credit	X	\$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

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

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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.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECA) Habitat for Humanity (Charity Fundraiser)	Aug. 6-11	DC-BEIJING, CHINA-DC	Y	Y	N
	Mar. 3-4	DC-Boston-DC	Y	Y	Y
Israel Allies Foundation	Mar. 19-25	Denver - Jerusalem, Israel - Denver	Y	Y	Y
Asper Institute	Aug. 27 - Sept. 2	Denver - Reykjavik, Iceland - Denver	Y	Y	Y

Use additional sheets if more space is required.