

UNITED STATES HOUSE OF REPRESENTATIVES
2020 FINANCIAL DISCLOSURE STATEMENT

Form A
 For Use by Members, Officers, and Employees

AUG 13 2021

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Name: James Hagedorn

Daytime Telephone:

LAWYER CONCERNED ONLY
 2020 FFC 25 BY 12: 00
 A \$200 penalty shall be assessed against any
 individual who files more than 30 days late.
 U.S. House of Representatives

| | | | | |
|--------------|---|------------------------------------|--------------------------------------|--|
| FILER STATUS | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>Minnesota</u> | Office or Employing Office: _____ | Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> |
| REPORT TYPE | <input checked="" type="checkbox"/> 2020 Annual (Due: May 17, 2021) | <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"/> | 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 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 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 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 <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 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| TRUSTS – 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: James Hagedorn

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SCHEDULE B – TRANSACTIONS

Name: James Hagedorn

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| Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or non-production income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|-----------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| Type of Transaction | | | | | | | | | Date |
| Purchase | | | | | | | | | |
| Sale | | | | | | | | | |
| Partial Sale | | | | | | | | | |
| Exchange | | | | | | | | | |
| Check Box if Capital Gain Exceeded \$200 | | | | | | | | | |
| (Amount or Quantity), Monthly or Bi- Weekly, if applicable | | | | | | | | | Amount of Transaction |
| A | | | | | | | | | |
| B | | | | | | | | | |
| C | | | | | | | | | |
| D | | | | | | | | | |
| E | | | | | | | | | |
| F | | | | | | | | | |
| G | | | | | | | | | |
| H | | | | | | | | | |
| I | | | | | | | | | |
| J | | | | | | | | | |
| K | | | | | | | | | |
| Over \$50,000,000 | | | | | | | | | |
| Over \$1,000,000* (Spouse/DC Asset) | | | | | | | | | |
| SP, DC, JT | | | | | | | | | Asset |
| SP | | | | | | | | | Example |
| Map Corp. Stock | | | | | | | | | X |
| <i>Exits Stock</i> | | | | | | | | | X |
| 7/8/2021 | | | | | | | | | X |
| 3/20 | | | | | | | | | |

Use additional sheets if more space is required.

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 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: The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$23,845. The 2021 limit is \$29,595. 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
Chad Wex Boundless (cont'd.)
Orlando County Board of Education

Jennifer Carnahan – MN6OP (spouse)

Approved Teaching Fee
Invited Speaker

\$8,000
\$14,000

N/A
N/A

Jennifer Carnahan – Private Bank

Spoken Speech
Guest Speaker

\$1,000
NA

Jim Hagedorn Ameriflute – Evans

Distribution

\$4,500.00

SCHEDULE D – LIABILITIES

Name: James Hagedorn

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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.

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 of an honorary nature.