

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**2021 FINANCIAL DISCLOSURE STATEMENT**

For Use by Members, Officers, and Employees

**Form A**

*MC*  
 (Office Use Only)

**Name:** Trey Hollingsworth

**Daytime Telephone:** 202-225-5315

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	<b>State:</b> <u>IN</u> <b>District:</b> <u>09</u>	<input type="checkbox"/> Officer or Employee	<b>Employing Office:</b> _____	<b>Staff Filer Type:</b> (If Applicable) <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant
<b>REPORT TYPE</b>	<input checked="" type="checkbox"/> 2021 Annual (Due: May 16, 2022)	<input type="checkbox"/> Amendment			<input type="checkbox"/> Termination
					<b>Date of Termination:</b> _____

A \$200 penalty shall be assessed against any individual who files my *DEFERRED* report 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? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input 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? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input 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? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <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? <u>Yes</u> <input type="checkbox"/> <u>No</u> <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? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" 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? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" 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? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursement for travel totaling more than \$415 in value from a single source during the reporting period? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" 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? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	J. 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.	<u>Yes</u> <input type="checkbox"/> <u>No</u> <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?	<u>Yes</u> <input type="checkbox"/> <u>No</u> <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.	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>

# SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Trey Hollingsworth

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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 valuation method other than fair market value, please specify the method used.																																																		
(b) any other reportable asset or source of income that generated more than \$200 in “Unearned” income during the year.																																																		
Provide complete names of stocks and mutual funds (do not use only stock symbols).																																																		
For all IRAs and other retirement plans (such as 401(k) plans), provide the value for each asset held in this 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.																																																		
For rental and other real property held for investment, provide a complete address or description, e.g., “Tenn property”, and a city and state.																																																		
For an 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.																																																		
Excluded: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.																																																		
If you report a privately-traded fund that is an Excepted Investors Fund, please check the EIF box.																																																		
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT).																																																		
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.																																																		
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**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

 Name: **Trey Hollingsworth**

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S/N Jr.	ASSET NAME	E/F	BLOCK A Assets and/or Income Sources												BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income												BLOCK E Transaction											
			A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII																																			
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Use additional sheets if more space is required.

## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Trey Hollingsworth

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**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: **Trey Hollingsworth**

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S.S. No. or Jr.	ASSET NAME	EIP	BLOCK A Assets and/or Income Sources												BLOCK B Value of Asset	BLOCK C Type of Income												BLOCK D Amount of Income	BLOCK E Transaction
			A	B	C	D	E	F	G	H	I	J	K	L		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
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															Spouse/DC Asset with Income over \$1,000,000*														
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Use additional sheets if more space is required.

## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Trey Hollingsworth

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The additional effects of stress are considered

**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Trey Holmgren

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**SCHEDULE B – TRANSACTIONS**

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period for any security or real property held by you, your spouse, or your dependent child for investment or the production of 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.

**Capital Gains:** If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and indicate the capital gain income on Schedule A.

**Saline.** Major saline sources include salt water bodies.

JOURNAL OF CLIMATE

Name: Trey Hollingsworth

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**Use additional sheets if more space is required.**



## SCHEDULE D - LIABILITIES

Name: Trey Hollingsworth

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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 residences. **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.**

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability						
			A	B	C	D	E	F	G
Example	First Bank of Wilmington, DE	5/20	\$10,001-\$15,000						A
None			\$15,001-\$50,000						B
			\$50,001-\$100,000						C
		X	\$100,001-\$250,000						D
			\$250,001-\$500,000						E
			\$500,001-\$1,000,000						F
			\$1,000,001-\$5,000,000						G
			\$5,000,001-\$25,000,000						H
			\$25,000,001-\$50,000,000						I
			Over \$50,000,000						J
			Over \$1,000,000* (Spouse/DC Inability)						K

## 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.**

**Use additional sheets if more space is required.**

**SCHEDULE F – AGREEMENTS**

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name \_\_\_\_\_ Page 11 of 14

**SCHEDULE G – GIFTS**

Date	Parties to Agreement	Terms of Agreement
	None	

**Use additional sheets if more space is required.**

## **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: Trey Hollingsworth

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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. § 7332); 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.

**Use additional sheets if more space is required.**

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

Name: Trey Hollingsworth

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2020	\$2,000
XYZ Magazine	Article	Aug. 13, 2020	\$500
None			

Use additional sheets if more space is required.

**FILER NOTES  
(Optional)**

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NOTE NUMBER	NOTES
1	HCP (Jeffersonville, OH; Greenville, SC); Texas (Fort Worth, TX); Kentucky (Louisville, KY); South Bend, IN; Alabama (Montgomery, AL); Investments I (St. Louis, MO); Virginia (Petersburg, VA); Tennessee (Jackson, TN); Arkansas (Little Rock, AR); Georgia (Norcross, GA); McDonough (McDonough, GA); DFW Office (Fort Worth, TX); Fulton Industrial (Atlanta, GA); Indiana (Indianapolis, IN); Intermodal (Louisville, KY); Investments II (Dozier, GA; Brainerd, KY; Cincinnati, OH; Charleston, SC; Greensboro, NC; Winston-Salem, NC); Investments III (Canton, NJ; Houston, TX; Memphis, TN); Atlanta, GA; Columbia, SC; Louisville, KY; Middle Tennessee (Gurdonville, TN); South Carolina (Simpsonville, SC); Investments IV (Charlotte, NC); SCM (Indianapolis, IN); SK (Fairfield, OH); RA (Fairfield, OH); North Carolina (Greensboro, NC); Columbus (Columbus, OH); Investments VI (Duncan, SC; Kettering, OH); Augusta (Augusta, GA); Iowa (Cedar Rapids, IA; Iowa City, IA)

Use additional sheets if more space is required.