

UNITED STATES HOUSE OF REPRESENTATIVES

2021 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

WV

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LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES
702 MAY 27 PM 12:38 (w)

Name: Jane Heron Bentler

Daytime Telephone: 202-225-3536

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

FILER STATUS	Member of the U.S. House of Representatives		State: <u>WA</u>	Office or Employee	Staff Filer Type: (if Applicable)
REPORT TYPE	<input checked="" type="checkbox"/> 2021 Annual (Due: May 16, 2022)		<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	<input type="checkbox"/> Principal Assistant
				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?		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?	
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?		<input type="checkbox"/>	<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?	
C. Did you, or your spouse have "earned" income (e.g., salaries, hororaria, or pension/IRA distributions) of \$200 or more during the reporting period?		Yes <input type="checkbox"/>	No <input checked="" 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?	
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 type="checkbox"/>	No <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?	
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"/>	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.

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.

Yes No

Yes No

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Jaime Herrera Beutler

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Assets and/or Income Sources

BLOCK A

Value of Asset

BLOCK B

Type of Income

BLOCK C

Amount of Income

BLOCK D

Transaction

BLOCK E

Identify (a) which assets held for investment or production or income end with a fair market value method other than fair market value, please specify the method used, connecting \$1,000 at the end of the reporting period; (b) any asset sold during the reporting period; and (c) 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 code stock symbols).

For all IRAs and other retirement plans (such as 401(k)s) 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 interest-bearing accounts. If the total is over \$1,000, 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., "rental 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.

Check off columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 457(b) accounts), you may check the "non-Dividend" category of income by checking the appropriate box below. Purchases (P), sales (S), or exchanges (E) of investments, interest and capital gains, even if reinvested, are included as income for assets held in taxable accounts. Check "None" if no income was earned or generated during the reporting period.

***Column XI is for assets held by your spouse or dependent child in which you have no interest.**

Check off columns that apply. For assets for which you checked "tax-deferred" in Block C, you indicate if the asset had a gain or loss. For other assets indicate the asset had a gain or loss. Dividends, interest, and capital gains, even if reinvested, are included as income for assets held in taxable accounts. Check "None" if no income was earned or generated during the reporting period.

If only a portion of an asset was sold, please indicate as follows: (S) part, (L) leave this column blank if there are no transactions that exceed \$1,000.

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Report liabilities of over \$1,000 owned 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 of Liabilities										Amount of Liability	
Spouse/JT	Creditor	Date Incurred MO/YR	Type of Liability	Amount of Liability							
				A	B	C	D	E	F	G	H
				\$10,001- \$15,000							
				\$15,001- \$50,000							
				\$50,001- \$100,000							
				\$100,001- \$250,000	X						
				\$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)							
JT	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE								
JT	Wells Fargo	09/16 2021	Mortgage personal residence - sold December								

*If you have a mortgage or other liability held by your spouse or dependent child, enter it out or add a multiplier; debts 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, consultant or 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

Use additional sheets if more space is required.

Name: Jaine Hancock Beutler

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SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Jaime Herrera Beutler

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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 Remuneration Act (FGRA) if identified in 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. Indicates whether a family member accompanied the traveler ex 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.

Excluded: I never incurred expenses incurred by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Agents and Decorations Act (FADA, 5 U.S.C. § 3442); 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.