

HAND DELIVERED

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UNITED STATES HOUSE OF REPRESENTATIVES 2019 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

2020 AUG - 6 (Office Use Only)

Name: HON. Alice L. Hastings Daytime Telephone: 202-225-1313

5010-008-043 USE FOR OFFICIAL PURPOSES ONLY
A \$200 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>Florida</u> District: <u>20</u>	Officer or Employee: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	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? Yes No
 - b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes No
 - c. 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 No
 - d. 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 No
 - e. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? In the current calendar year up through the date of filing? Yes No
 - 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 No
 - 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 No
 - 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 No
 - 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 No
- ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**
- 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? Yes No
- 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

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Hon. Alice L. Hastings

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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) such 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 appreciable 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 403(b) accounts), you may check the “Tax-Deferred” category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be deducted as income for assets held in taxable accounts. Check “None” if the account generated no income during the reporting period.												For assets for which you checked “Tax-Deferred” in Block C, your indicator of the type of transaction will indicate if the asset had purchases (P), sales (S), or exchanges (E) in the reporting period.																							
For all IRAs and other retirement plans (such as 401(k) plan) provide the value for each asset held in the account that exceeds the reporting threshold. For trust and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$6,000, 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.												*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 city/letter symbols).												For all real estate and other retirement plans (such as 401(k) plan) provide the value for each asset held in the account that exceeds the reporting threshold. For trust and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$6,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of the activities, and its geographic location in Block A.												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 rental and other real property held for investment, provide a complete address or description, e.g., “rental property,” and a city and state.											
Estimate: 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-held land that is an Excepted Investment Fund, please check the “ETF” box.												None												I												I																							
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 (JL). In the optional column on the far left, for a detailed discussion of Schedule A requirements, please refer to the instruction booklet.												\$1-\$1,000												II												II																							
												\$1,001-\$15,000												III												III																							
												\$15,001-\$50,000												IV												IV																							
												\$50,001-\$100,000												V												V																							
												\$100,001-\$250,000												VI												VI																							
												\$250,001-\$500,000												VII												VII																							
												\$500,001-\$1,000,000												VIII												VIII																							
												\$1,000,001-\$5,000,000												IX												IX																							
												\$5,000,001-\$25,000,000												X												X																							
												\$25,000,001-\$50,000,000												XI												XI																							
												Over \$50,000,000												XII												XII																							
												Spouse/DC Asset over \$1,000,000*												XIII												XIII																							
XIV												NONE												XIV												XIV																							
XV												DIVIDENDS												XV												XV																							
XVI												RENT												XVI												XVI																							
XVII												INTEREST												XVII												XVII																							
XVIII												CAPITAL GAINS												XVIII												XVIII																							
XIX												EXCEPTED/BLIND TRUST												XIX												XIX																							
XX												TAX-DEFERRED												XX												XX																							
XXI												Other Type of Income (Specify, e.g., Partnership Income or Farm Income)												XXI												XXI																							
XXII												None												XXII												XXII																							
XXIII												\$1-\$200												XXIII												XXIII																							
XXIV												\$201-\$1,000												XXIV												XXIV																							
XXV												\$1,001-\$2,500												XXV												XXV																							
XXVI												\$2,501-\$5,000												XXVI												XXVI																							
XXVII												\$5,001-\$15,000												XXVII												XXVII																							
XXVIII												\$15,001-\$50,000												XXVIII												XXVIII																							
XXIX												\$50,001-\$100,000												XXIX												XXIX																							
XXX												\$100,001-\$1,000,000												XXX												XXX																							
XXXI												\$1,000,001-\$5,000,000												XXXI												XXXI																							
XXXII												Over \$5,000,000												XXXII												XXXII																							
XXXIII												Spouse/DC Asset with Income over \$1,000,000*												XXXIII												XXXIII																							
XXXIV												Special												XXXIV												XXXIV																							

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: John Alcester Hastings

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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.**

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
			A	B	C	D	E	F	G	H
First Bank of Wilmington, DE	6/19	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000							
Terrace Anderson	Q3A-1989	Legal Fees		\$15,001-\$50,000						
Patricia Williams	Q2A-1989	Legal Fees			\$50,001-\$100,000					
Mark McDonald	Q3A-1989	Legal Fees				\$100,001-\$250,000				
Shelbypoint	11/2017	Mortgage on Florida residence	X				\$250,001-\$500,000			
			X					\$500,001-\$1,000,000		
			X						\$1,000,001-\$5,000,000	
			X							\$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.

Use additional sheets if more space is required.