

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: Earl Granville

Daytime Telephone: _____

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LEGISLATIVE RESOURCE CENTER

2020 APR -6 PM 1:04

(Office Use Only)

FILER STATUS	☒ New Member of or Candidate for U.S. House of Representatives	State: <u>PA</u> District: <u>8</u>	☐ Check if Amendment
	☐ Candidates - Date of Election: _____		
	☐ New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): ☐ Shared ☐ Principal Assistant	Period Covered: January 1, _____ to _____

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? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes ☒ No ☐	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes ☐ No ☒
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? 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 ☒
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 ☐ No ☒	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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, or liabilities of a spouse or 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: Earl Granville

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Assets and/or Income Sources

BLOCK A

BLOCK B

BLOCK C

BLOCK D

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 which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use only ticker symbols).

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, list 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., "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.

Exclude: 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 Investment 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), in the optional column on the far left.

For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.

Value of Asset

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.

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.

Type of Income

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" column. 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.

Amount of Income

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. 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.

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

SP, DC, JT	EIF	Value of Asset	Type of Income	Amount of Income											
				A	B	C	D	E	F	G	H	I	J	K	L
		None													
		\$1-\$1,000													
		\$1,001-\$15,000													
		\$15,001-\$50,000													
		\$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													
		Spouse/DC Asset over \$1,000,000*													
		None													
		DIVIDENDS													
		RENT													
		INTEREST													
		CAPITAL GAINS													
		EXCEPTED INVESTMENT FUND													
		TAX-DEFERRED													
		Other Type of Income (Specify e.g., Partnership Income or Farm Income)													
		None													
		\$1-\$200													
		\$201-\$5,000													
		\$5,001-\$15,000													
		\$15,001-\$50,000													
		\$50,001-\$100,000													
		\$100,001-\$1,000,000													
		\$1,000,001-\$5,000,000													
		Over \$5,000,000													
		Spouse/DC Income over \$1,000,000*													
		None													
		\$1-\$200													
		\$201-\$5,000													
		\$5,001-\$15,000													
		\$15,001-\$50,000													
		\$50,001-\$100,000													
		\$100,001-\$1,000,000													
		\$1,000,001-\$5,000,000													
		Over \$5,000,000													
		Spouse/DC Income over \$1,000,000*													

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Earl G. Gault

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED-BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$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	Spouse/DC Asset over \$1,000,000									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	USAA Bank Acct																																													
	USAA managed portfolio																																													
	Value 12/31/19																																													
	Hedging Fund																																													
	First Money Market																																													
	UITENX																																													
	UIT6RX																																													
	UIT5X																																													
	UIT1FX																																													
	UMAFX																																													
	UISGX																																													
	UITHIX																																													
	UITINX																																													
	UITITX																																													
	UISBX																																													

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SCHEDULE F - AGREEMENTS

Name: Earl Graville

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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.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and five prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services
<u>Spartan Race</u>	<u>Speaking engagements</u>

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Earl Granville

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Use additional sheets if more space is required.