UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES		FORM B FOR New Members, Candidates, and New Employees	LIGHTATIVE RESOURCE CENTER
		-	701	ZHI JUL 26 AH II: 3/
Name: N	Marjorie Taylor Greene	Daytime Telephone:	one:	
FILER	New Member of or Candidate for State: Georgia U.S. House of Representatives District: District: Nay 19, 2020 Stn District	BUSITICE	Check if Amendment	(Office Use Only)
STATUS	New Officer or Employee Staff Fil	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS)F THESE QUEST	NONS	
A. Did you, yo a. Own any end of th b. Receive asset dur	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? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	X No	度. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	gh the reporting share at the reporting? Yes X No
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	X 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?	agreement or arrangement with an ring period or in the current calendar Yes No X
D. Did you, yo liability (more	Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	X No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes X No
	ATTACH THE COR	RESPONDING SCH	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Ĭ,
	THE FORM INCLUDES ONE! THE SCHEDULES THAT TOO ARE NEW	יווד מסווניסידנים	THE TOO MAKE MEMORITY TO	CIRTY IS SOMETHIE
EXCLUSIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH	TINFORMATION		OF THESE QUESTIONS
TRUSTS - De from this repor	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?	ee on Ethics and certain oth dent child?	er "excepted trusts" need not be disclosed. F	fave you excluded Yes No
exemption? D	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.	d" income, or liabilities of a mittee on Ethics.	spouse or dependent child because they mee	t all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Marjorie Taylor Greei

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Use additional sheets if more space is required. in all interest-bearing accounts. If the total is ov \$5,000, list every financial institution where there more than \$1,000 in interest-bearing accounts. (JT), in the optional column on the far left For bank and other cash accounts, total the amout in all interest-bearing accounts. If the total is ove 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 nomes and vecation homes (unless there was renu-recome during the reporting period); and an inancial interest no income denved from, a federa attrement program, including the Thrift Saving or rental and other real property held nvestment, provide a complete address escription, e.g., "rental property," and a city (do not use only ticker symbols). and (b) any other reportable income which generated in production of income and with a fair marks exceeding \$1,000 at the end of the reporting you so choose, you may indicate that an asset roome source is that of your spouse (SP) ependent chid (DC), or jointly held with anyon rovide complete names of stocks and mutual fun or an ownership interest in a parvate usiness that is not publicly traded, state the the business, the nature of its activities, eographic location in Block A. you report a privately-traded fund that is a cepted investment Fund, please check the "EIF xclude: Your personal residence, including seco nearned" income during the year. Assets and/or Income Sources ABBV Hanmi Finl Corp CD Cash (Schwab Examples Homestreet Bank Cl (a) each asset held for investment detailed illed discussion of Schedule please refer to the instruction book ABC Hedge Fund Simon & Schuster Mega Corp Stock BLOCK A with a fair market value state the nan O × # 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. None 'Column M is for assets held by your spouse or depende child in which you have no interest. an asset was sold during the reporting cluded only because it generated income, th → "None." \$1-\$1,000 × \$1,001-\$15,000 C indefinite \$15,001-\$50,000 0 × \$50,001-\$100,000 Value of Asset m \$100,001-\$250,000 m BLOCK B × \$250,001-\$500,000 O \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 ng period and the value shou \$5,000,001-\$25,000,000 _ \$25,000,001-\$50,000,000 _ Over \$50,000,000 Spouse/DC Asset over \$1,000,000 Z capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k) generate tax-deferred income (such as 401(k) IRA, or 529 accounts), you may check the "Tax-Deterred" column. Dividends, interest, and NONE X × DIVIDENDS RENT ₽ Type of Income INTEREST BLOCK C CAPITAL GAINS guring EXCEPTED/BLIND TRUST TAX-DEFERRED Partnership Income Royalles Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all othe assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galate, even it relevantsed, must be disclosed as income for assets held in taxable accounts Check "None" if no income was earned or generated. None Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 = × \$201-\$1,000 = × ₹ \$1,001-\$2,500 × ~ Current Year × × \$2,501-\$5,000 MA IA \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000.000 × Amount of Income Over \$5,000,000 ≚ BLOCK D ≚ Spouse/DC Income over \$1,000,000* \$1-\$200 = ≡ \$201-\$1,000 ₹ \$1,001-\$2,500 Preceding Year \$2,501-\$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* ¥

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Name: Marjorie Taylor Greene

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Marjorie Taytor Greene

Page 9 of 15

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SCHEDULE C - EARNED INCOME

Name: Marjorie Taylor Greene Page 12 of 15

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 both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse 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.

outside earned incor	outside earned income for Members and employees compensated at or above the senior staff rate was \$25,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honorana, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	was \$28,050. The 2019 limit is \$ for Members and senior staff.	28,440. In addition, certain types of	income (notably nonorana, orrector s
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	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$6	\$500
Examples:	State of Maryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
	Ontario County Board of Education	Spouse Salary	N/A	Ν̈́Α
Taylor Commercial, Inc.	ercial, Inc	Salary	\$37,000	\$75,000
Taylor Comme	Taylor Commercial, Inc - Spouse	Salary	\$100,000	\$200,000

SCHEDULE D - LIABILITIES

Name: Marjorie Taylor Greene Page 13 of 15

(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. 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. New 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

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	!			First Bank of Wilmangton, D€	Creditor			
	12/2018	2011	12/2018	5/16	Date Liability Incurred MO/YR			,,
	Taylor editricata, Inc LOC - personal guarant ed	Loan for property for Marconi Drive Offices, L.C.	Credit Card	Mortgage on Rental Property, Dover, DE	Type of Liability			
	<u>e</u>	.c			\$10,001- \$15,000	>		
_			×		\$15,001- \$50,000	D D		
					\$50,001- \$100,000	ဂ		
			×	×	\$100,001- \$250,000	D	,	
	×.				\$250,001- \$500,000	m	moun	
		×			\$500,001- \$1,000,000	ŋ	Amount of Liability	
					\$1,000,001- \$5,000,000	၈	bility	
					\$5,000,001- \$25,000,000	I		
					\$25,000,001- \$50,000,000			
			-		Over \$1,000,000	<u>-</u>		
	_		j		Over \$1,000,000* (Spouse/DC Liability)	*		L

SCHEDULE E - POSITIONS

political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. Report all positions, compensated or uncompensated, 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

portou arto tile culterit caleridar year. I mac year callardates	pond and the current of year. I net year culturates and new embrayees report positions including ordinary or and the previous years.
Position	Name of Organization
Secretary and Vice President	Taylor Commercial, Inc

SCHEDULE F - AGREEMENTS

		Name: Marjorie Taylor Greene	Page 14 of15
Identify the c continuation employer.	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.	ve with respect to: future employment; a leave of absence during the period of ernment; or continuing participation in an employee welfare or benefit plan mai	f government service; aintained by a former
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 two 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	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
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

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