



Filing ID #10035003

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Dr. Lindsay Doc Holliday
Status: Congressional Candidate
State/District: GA08

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2020
Filing Date: 05/3/2020

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Profit Sharing Plan, IRA ⇒ Profit Sharing Plan, IRA [OT]		\$500,001 - \$1,000,000	Tax-Deferred		
DESCRIPTION: Dental Office Employer sponsored Plan. Started as Defined Benefit. Transitioning to Employee contributions also.					
Truist Bank, checking [BA]	JT	\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200
DESCRIPTION: Personal Checking Account					

* Asset class details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Holliday Dental Associates	salary	\$35,000.00	\$153,000.00

SCHEDULE D: LIABILITIES

None disclosed.

SCHEDULE E: POSITIONS

Position	Name of Organization
President and Owner	Holliday Dental Associates, Inc.
Owner and stock holder	The Three Sixty Spring Corp.

SCHEDULE F: AGREEMENTS

None disclosed.

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

Source (Name and Address)	Brief Description of Duties
Holliday Dental Associates (Macon, , GA, US)	Salary for performing General Dentistry

SCHEDULE A ASSET CLASS DETAILS

- Profit Sharing Plan, IRA

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

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 benefiting 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 dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Dr. Lindsay Doc Holliday , 05/3/2020