UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

JUN 01 2020

LEGISLATIVE RESOURCE CENTER
2020 JUN -4 AM 11:06
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: SCOTTIE THERON TERRY NEESE **Daytime Telephone:**

FILER STATUS

- [X] New Member of or Candidate for U.S. House of Representatives — State: OKLAHOMA — District: 5 — Candidates – Date of Election: 11-3-2020
- [ ] Check if Amendment
- [ ] New Officer or Employee — Employing Office: _____ — Staff Filer Type (If Applicable): Shared [ ] Principal Assistant [ ]
- Period Covered: January 1, 2019 to 2020

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? or b. Receive more than $200 in unearned income from any reportable asset during the reporting period?	Yes [X] 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 [X] 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 [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?	Yes [X] 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 [X]	J. Did you receive compensation of more than $5,000 from a single source in the current year and two prior years?	Yes [ ] No [X]

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 [X]
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 [X]

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name: Scottie Theresa (Terry) Neese | Page 2 of 6

BLOCK A – Assets and/or Income Sources

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, total 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.

BLOCK B – 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.

BLOCK C – 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.

BLOCK D – 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	Block B: A None	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	M Spouse/DC Asset over $1,000,000*	Block C: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Block D – 2020 Current Year: I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	XII Spouse/DC income over $1,000,000*	2019 Preceding Year: I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	XII Spouse/DC income over $1,000,000*
	Examples: Mega Corp Stock						X									X									X																				
	Simon & Schuster		Indefinite																			Royalties				X																		
	ABC Hedge Fund	X						X														Partnership Income					X																	
	NEESE PERSONNEL 2709 W 14th OKC 73112							X									X											X																	
	ISLAND ROYALE 2020 209 W BEACH P 105 GULF SHORES AL 36542		X														X		X			Rent Rent Cap. Gains						X																	
	FARLEY FARM RT 1 DEVOL OK 73532							X									X					SSDI Rent				X																		

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name: SCOTTIE THERESA (TERRY) NIELSEN | Page 3 of 6

BLOCK A: Assets and/or Income Sources			BLOCK B: Value of Asset												BLOCK C: Type of Income								BLOCK D: Amount of Income — 2020 (Current Year)												BLOCK D: Amount of Income — 2019 (Preceding Year)											
SP, DC, JT	ASSET NAME	EIF	A None	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	M Spouse/DC Asset over $1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXEMPT/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	XII Spouse/DC Income over $1,000,000*	I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	XII Spouse/DC Income over $1,000,000*
	BANK OF AMERICA																		X					X												X										
	CROSSFIRST BANK																		X										X								X									
	FIRST NATIONAL BANK																		X										X								X									
	FIRST UNITED																		X								X										X									
	FRONTIER STATE BANK																		X					X													X									
	MABREY BANK																		X									X									X									
	PRIME BANK																		X										X								X									
	QUAIL CREEK BANK																		X							X											X									
	REGENT BANK																		X					X													X									
	1/3 FARMERS ROYALTY					X											X											X									X									
	PAN HANDLE OIL & GAS						X										X											X									X									
	PERSHING LLC (IRA)					X																X							X								X									
	CONTINENTAL RESOURCES				X												X								X												X									
	SIMMONS BANK																		X					X														X									

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: SCOTTIE THERESA (TERRY) NELSON | Page 4 of 6

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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was $28,440. The 2020 limit is $28,845. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)		Type	Amount	
			Current Year to Filing 2020	Preceding Year 2019
Examples:	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	$0	$500
	State of Maryland	Salary	$20,000	$76,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	$0	$1,000
	Ontario County Board of Education	Spouse Salary	N/A	N/A
NATIONAL GRASSROOTS NETWORK LLC		SALARY	$0	$0

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: SCOTTIE THERESA (TERRA) NELSON | Page 5 of 6

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 (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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A $10,001-$15,000	B $15,001-$50,000	C $50,001-$100,000	D $100,001-$250,000	E $250,001-$500,000	F $500,001-$1,000,000	G $1,000,001-$5,000,000	H $5,000,001-$25,000,000	I $25,000,001-$50,000,000	J Over $50,000,000	K Over $1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/19	Mortgage on Rental Property, Dover, DE				X							
	NONE OVER $10,000													

SCHEDULE E – POSITIONS

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 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 calender year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
MEMBER/MANAGER/OWNER	NATIONAL GRASSROOTS NETWORK LLC

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: SCOTTIE THERESA (TERRY) NEESE | Page 6 of 6

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
PERPETUAL	TERRY NEESE/NATIONAL GRASSROOTS NETWORK LLC	TERRY NEESE 100% OWNER OF NATIONAL GRASSROOTS NETWORK LLC (NGN) THE ORGANIZATION WAS FORMED FOR THE PURPOSE OF ASSISTING SMALL BUSINESSES BECOME MORE SUCCESSFUL. TERRY NEESE IS COMPENSATED FOR THE WORK SHE PERFORMS FOR NGN. THERE WAS NO COMPENSATION FOR 2019 AND NONE ANTICIPATED FOR 2020

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 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
NATIONAL GRASSROOTS NETWORK LLC 2709 W I-44 SERVICE RD OKLAHOMA CITY, OK 73112		MEMBER/MANAGER/OWNER SMALL BUSINESS CONSULTING AND SMALL BUSINESS ADVISORY NO COMPENSATION IN OVER A YEAR NONE IN 2019 NONE ANTICIPATED FOR 2020

Use additional sheets if more space is required.

FILER NOTES
(Optional)

Name:	Page_____ of _____

NOTE NUMBER	NOTES
	N/A
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Use additional sheets if more space is required.