

**UNITED STATES HOUSE OF REPRESENTATIVES  
2020 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For Use by Members, Officers, and Employees

Name: Richard Hudson

Daytime Telephone: 5-3715

**HAND DELIVERED** Page 1 of 6

LEGISLATIVE RESOURCE CENTER  
2021 AUG - 2 PM 11:15

A 2000 penalty shall be assessed for any individual who files more than 30 days late.

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NC</u> District: <u>8</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Start Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
<b>REPORT TYPE</b>	<input checked="" type="checkbox"/> 2020 Annual (Due: May 17, 2021)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<b>A. Did you, your spouse, or your dependent child:</b> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>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?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>B. 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?</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>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?</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>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?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	

**IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS**

**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.

Yes  No

**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: **Richard Hudson**

Page **2** of **6**

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) each asset held by 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 that 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 nature of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your general 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 bonded 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 someone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.			Indicate value of asset at close of the reporting period. If you use the 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.													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.							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 M is for assets held by your spouse or dependent child in which you have no interest.													Indicate if the asset had purchase (P), sale (S), or exchange (E) exceeding \$1,000 in the reporting period.  If only a portion of an asset was sold, please indicate as follows: (S (part)).  Leave this column blank if there are no transactions that exceeded \$1,000.							
SP, DC, JT	EIF	None	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)	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII							
			\$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*																													

Use additional sheets if more space is required.

# SCHEDULE A - ASSETS & "UNEARNED"

Name: **Richard Hudson**

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													BLOCK E Transaction				
SP	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)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	SP				
TR		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	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$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 Asset with income over \$1,000,000*					
	Schwab IRA PTMAX		X																																				
	Schwab IRA SKIBRX		X																																				
	Schwab IRA SESEFX		X																																				
	Schwab IRA TERNM1		X																																				
	Schwab IRA VFTAX		X																																				
	Schwab IRA VADIX		X																																				
	Schwab IRA YAPFX		X																																				
	Schwab IRA Cash		X																																				

Use additional sheets if more space is required.

# SCHEDULE B - TRANSACTIONS

Name: Richard Hudson Page 4 of 6

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please check "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain tax" column from an asset in a tax-deferred account, and check the capital gain income on Schedule A.

\* Column K is the amount under/over/loss/excess or dependent child.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gains Exceeded \$200	Date including Quarter, Month, or Year, if applicable	Amount of Transaction															
		Purchase	Sale	Partial Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K					
	Example Mega Corp. Stock			X		X	2/20/20	100,000															
	Schwab IRA YAFEX	X					10/16/20	100,000															
	Schwab IRA PRREX	X					10/16/20	100,000															
	Schwab IRA SESEX	X					11/19/20	100,000															
	Schwab IRA PRRLX	X					11/19/20	100,000															
	Schwab IRA Auto Bank Sweep	X					3/25/20	100,000															

Use additional sheets if more space is required.

**SCHEDULE C -- EARNED INCOME**

Name: **Richard Hudson**

Page **5** 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) during 2009 or more during the reporting period. For a 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:** The 2009 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$25,045. The 2007 limit is \$29,535. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
<p><b>Examples:</b></p> <p>Foreign State                      Student Allowance                      Social Security (Nov. 2)                      Ontario Council Board of Directors</p>	<p>Account Executive Fee                      Leadership Award                      Bonus Award                      Program Fee</p>	<p>\$1,000                      \$11,000                      \$1,000                      NA</p>
US House of Representatives	Spouse Salary	N/A
Executive Office of the President	Spouse Salary	N/A

Use additional sheets if more space is required.

# SCHEDULE D - LIABILITIES

Name:

Richard Hudson

Page 6 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. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residences. **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 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 or JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability												
				A	B	C	D	E	F	G	H	I	J	K		
Example	Fed Bank of Washington, DE	5/20	Mortgage on Real Property, Dover, DE				X									
	Barclays Bank	N/A	Credit Card		X											

# 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.

Position	Name of Organization
N/A	

Use additional sheets if more space is required.