UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	ヒハハファー・アロウドア
	For New Members, Candidates, and	New Employees	LEGISLATIVE RESOURCE CENTER
Name: Michael A. Collins, Jr. Davtime	e Telephon		2023 AUG - 3 AH 11: 43
New Member of or Candidate for State: Quorgia U.S. House of Representatives District 10th November 8, 2022	F	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES (CITIES Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistar	/pe (If Applicable): Principal Assistant	Period Coverad: January 1, 2021 to December 31, 2021	A \$200 pennity shall be essessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	SE QUESTIC	NS	
A. Did you, your spouse, or your dependentshid: 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?	No Des	ਛ, ਹਿੱਹ ਭੂਕਮ held sny reportable postligra during the reporting period or in the current calendar year up through the date of filing?	ing the reporting
d" income (e.g., salarias,) of \$200 or more during the Yes X	No F. C	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the currenticalender year up through the date of filing?	r arrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes X liability (more than \$10,000) at any point during the reporting period?	Sing of the same o	 Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? 	an \$5,000 from a Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	NDING SCHE	DULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ORMATION -	ANSWER BOTH OF THES	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethios and sertain other "excepted busts" from this report details of such a bust that benefits you, your spause, or dependent child?	os and settain other	"excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes No X
EXEMPTION — Have you excluded from this report any other assets, "unearred" income, or liabilities of a spouse or depender exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	or liabilities of a sp ethics.	ouse or dépendent child berguse they mest all three tests for	est all three tests for Yes. No. X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Use additional cheets if more space is required. 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. 독통병 For bank and other cash accounts, total the amount in all historials over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. Provide complete names of stocks and mutual fund (do not use only ticker symbols). If you so choose, you may indicate that an easet income acutoe is that of your spouse (SP) dependent child (DC), or jointly hald with anyo (JT), in the optional column on the far left. Excitade: Your personal realdence, including secon homes and vacation homes (unless there was retal income during the reporting period); and any fruncial interest in, or income derived from, a fader retirement program, including the Thrift Saving identify (a) each esset 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 officer reporting each or source of income which generated more than \$200 in unserned income during the year. For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and geographic location in Block A. For rental and other real property hold for investing provide a complete address or description, a rental property," and a city and state. ĕ Assets and/or income Sources JABC Hades Eyed

Collins Family Enterprises, he and Babeldaries

(Thushing Services), Japanon, GA - 55%

DYAPEE detailed discussion of Schedule ents, please refer to the instruction book port a privately-traded fund that I investment Fund, please check the Mens Com Savk BLOCK A で 日本 2 q × If an easet was eald during the reporting period and is included only because it generated income, the value should be "Name." specify the method usad, "Chiumn M is for seacts held by your spouse or depends othic in which you have no interest. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please None > ۳ \$1-\$1,000 C \$1,001-\$15,000 0 \$15,001-\$50,000 Value of Asset × m \$50,001-\$100,000 71 PLOCK B \$100,001-\$250,000 \$250,001-\$500,000 ø Ŧ \$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 SpousefOC Acast over \$1,000,000* Z you Cheek at columns that apply. For excounts that Figer generals tax-deferred income (such as 4016x) at IRV. at S28 accounts), you may check the Tax at IRV. at S28 accounts, Diddensial, Interest, and Capital gains, even if reinvected, most be cludded as income for essets held in the distributed as income for essets held in the asset are personal as income during the reporting period. NONE × DIVIDENDS RENT Type of Income INTEREST ELOCK C CAPITAL GAINS EXCEPTED/SUND TRUST TAX-DEFERRED Partnership B Corp Income 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 lessets indicate the category of income by shecking the appropriate box below. Dividends, Interest, and capital gains, event if incomested, must be clasticed as income for assets held in taxable accounts Check "None" if no income was asseted or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest None × \$1-\$200 -田 \$201-\$1,000 ₹ \$1,001-\$2,500 < \$2,501-\$5,000 s × \$5,001-\$15,000 ş \$15,001-\$50,000 ≨ \$50,001-\$100,000 ᆽ \$100,001-\$1,000,000 × × \$1,000,000,52-100,000,000 Amount of Income × Over \$5,000,000 ≝ Spause/DC Income over \$1,000,000* None = \$1-6200 \$201-\$1,000 \$1,001-\$2,500 ₹ < \$2,501-65,000 ≤ \$5,001-\$15,000 ling Year ≨ × \$15,001,450,000 ≨ \$50,001-\$100,000 × \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 쏙 ĕ Spouse/DC Income over \$1,000,000*

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Name: Michael A. Collins, Jr

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SCHEDULE A - ASSETS & " UNEARNED

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SCHEDULE C - EARNED INCOME

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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.

earned income for and payments for p	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 payroli. The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,585. In addition, cartain 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.	e serned income limit and prohibitions on types of income n te "senior staff" rate was \$28,845. The 2021 limit is \$29,58 are totally prohibited for Members and senior staff.	тв may apply to you after you are on Ho 9,595. In addition, cartain types of Incom	use payroli. The 2020 limit en outside is (notably honoraria, director's fees,
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Examples.	Chall Mar. Roundhala (Cer. 2) Collado County Board of Education	Social Bosech Scouls Salary	SD NIA	\$4,000
Collins Tr	Collins Trucking Company, Inc (Subsidiary of Collins Family Enterprises, Inc)	Salary	\$ 215,116	\$ 218,082
Collins Tr	Collins Trucking Company, Inc	Spouse Salary	\$ 70.000	\$ 76,770
Associate	Associated Credit Union	Director's Fee	\$ 10,000	\$ 12,000
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SCHEDULE D - LIABILITIES

Name: Michael A. Collins, Jr.	
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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 are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the belance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependentchild.

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Collins Family Enterprises, inc			Collins Trucking Company, Inc note with personal guarantee	First Bank of Wilmington, DE	Creditor		
Various		Jan 2012	ersonal guar	5/20	Date Liability Incurred MO/YR	ı	
Demand Loans		Business Line of Credit	antee	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	•	
		×	i		\$50,001- \$100,000	n	
				×	\$100,001- \$250,000	0	
×					\$250,001- \$500,000	m	
					\$500,001- \$1,000,000	71	Amount of Liability
					\$1,000,001- \$5,000,000	ଇ	ability
					\$5,000,001- \$25,000,000	z	
					\$25,000,001~ \$50,000,000	-	
					Over \$50,000,000	٠.	
		$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}$			Over \$1,000,000* (Spouse/DC	*	

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

Position	Name of Organization
Director At Large	Georgia Motor Trucking Association
Director and Chairman	Associated Credit Union
President	Collins Family Enterprises, Inc and Subsidiaries
Managing Memebr	Collins Land & Property, LLC

SCHEDULE F - AGREEMENTS

sement that you have with respect to: future employment; a leave of absence during the period of government service;		Name: Michael A. Collins, Jr.
of government service;	- #80	Barris 8

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; at 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 walfare or benefit plan maintained 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 effiliation 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, State	Accounting Services

Name: Michael A. Collins, Jr.

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								NOTES
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