

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE REPORT	FORM B For New Members Candidates and New Employees
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HAND DELIVERED

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2026 JUL 16 PM 3 36

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name William V. Huelskamp Daytime Telephone _____

FILER STATUS	☒ New Member of or Candidate for U.S. House of Representatives State <u>TN</u> District <u>6</u> Candidates – Date of Election <u>Aug 6, 2026</u>	☐ Check if Amendment
	☐ New Officer or Employee Employing Office _____ Staff Filer Type (If Applicable) Shared ☐ Principal Assistant ☐	Period Covered January 1 <u>2024</u> to <u>July 1, 2025</u>

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

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 ☒
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 ☒

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name

William V HILLARY

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																							
Identify () ch as t held for in tm nt or prod ct f ncom and wth a f m rk t val e e ce dng \$1 000 t th nd of the report gp d nd (b) y oth eportable a t urce of ncom whch g ted more than \$200 m d com d ng the year		Identify () ch as t held for in tm nt or prod ct f ncom and wth a f m rk t val e e ce dng \$1 000 t th nd of the report gp d nd (b) y oth eportable a t urce of ncom whch g ted more than \$200 m d com d ng the year													Check ll col m th t apply For account th ge rat tax-deferred ncom (s h s 401(k) IRA, 529 cco t) you may check the Tax-Deferred column Dividends it st d p tal g d l d i me f assets h ld ta bl t Chck N n if the asset generated n com d g th reporting p nd							For assets for whch you checked "Tax D f red" Block C you may check the N col mn For all oth r sets ind cate the category of ncome by checking the appropri t bo below Di id nds Int t, d p t l gns eve fr e t d m t b d l osed as ncom fr ss t h ld i tax bl ac o ts Check Non fr n com was e med or generated																							
Provide compl t m f stocks and mut lf d (do not use only ticker symbol)		Col mn M s f r t h ld by you p e or dependent child n whch yo ha n t r e t																				C l m XII f ssets held by yo r spo se or d pend t ch ld whch you ha e no nt rest																							
F all IRAs and other ret m t plan (s ch 401(k) plans) prov de the val e for e ch th ld the acco nt th t ce ds the reporting thre h lds		F r b k ad th cash cco t total the amount ll m t re t-bear g accounts If the total s r \$5 000 t t very financ l t t ut on where there s m th \$1 000 n nterest-bearing acco nt																				Current Year																							
F t l d othe real property h ld f sum t pr de a complete addre d scription e g t l pr p rty and a city a d tat		F t l d othe real property h ld f sum t pr de a complete addre d scription e g t l pr p rty and a city a d tat																				Preceding Year																							
For an wn rshp t t p v tely held b sness that t publicly traded state the nam f the b ss th nature of its d v t and its g ograph c locat on n Block A.		E l d e Your personal resid nce incl d g econd homes and acat on home (u less th was rental income during the report ng p od) d any financial interest in ncom d d from a f derat retrem t prog m l d g th Thrift Sa ngs Pla																																											
If y report a p ately trad d f d th t s an Excepted l stm t Fund please ch ck th EIF bo		If y o choose you may ind cate th t a as t r come so rce s th t of you spo (SP) n d pendent ch ld (DC) or j lly h ld wth nyo e (JT) n th opti nal colum th f left.																																											
For a deta d d sso of Sch d l A eq m t pl fert th truction booklet.																																													
SP DC JT		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 DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify e g Partnership Income or Farm Income)							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 l come ove \$1 000 000																							
Examples:																																													
Mega Corp Stock		X													X							X																							
Simo & Schuster		I defi ne																				Royalties																							
ABC Hedge Fu d		X																				Partnersh p Income																							
IT HILLARY FAMILY PROPERTIES 2 LLC		X													X							X																							
SSM INDUSTRIES INC STOCK		X													X							X																							
Spring City, TN																																													

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SCHEDULE C – EARNED INCOME

Name

William V. Helms

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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 spouses. 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 2024 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2025 limit is \$33,285. 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.

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Use additional sheets if more space is required

SCHEDULE D – LIABILITIES

Name

William V. HUEBNER

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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 children. 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 children.

SP DC JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10 001 \$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	Over \$1 000 000 (Spouse/DC Liability)
	Example: First Bank of Wilmington, DE	5/20	Mortgage on Rental Property in DE				X							
	American Express credit card balance		Cumulative credit card balance		X									
	Congressional Federal Credit Union		credit card balance / unsecured loan		X									
	USAA Federal Savings Bank		credit card / unsecured balance		X									
	Ed Financial Services		CHILD COLLEGE LOAN		X									

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 and two previous years.

Position	Name of Organization
Member, Board of Directors	Govt Affairs Institute at Georgetown University