IOWA HOUSE OF REPRESENTATIVES

PERSONAL FINANCIAL DISCLOSURE FORM

CHIEF CLERK'S OFFICE
IOWA HOUSE OF REPRESENTATIVES
STATE CAPITOL BUILDING
DES MOINES, IOWA 50319

The following form shall be used for disclosure of economic interests under House Ethics rules and section 68B.35 of the Iowa Code.

STATEMENT OF ECONOMIC INTERESTS.

Name: HORBACH (Last) LANCE (First) J (Middle Initial)

Address: 1014 OAKLAND DRIVE (Street Address, Apartment Number or P.O. Box)

TAMA (City) IA. (State) 52339 (Zip)

Phone: (Home) 641 / 751 - 8050 (Business) 641 / 752 - 4618

This form is due on or before February 15. The reporting period is the most recently completed calendar year. File with the Chief Clerk of the Iowa House of Representatives.

In completing this form, if sufficient space is not provided for your answer, you may include additional information/answers by attaching them to this form, using a full size sheet of paper.

Division I. Business, Occupation, Profession.

List each business, occupation, or profession in which you are engaged, the nature of the business if not evident, and your position or job title. No income threshold or time requirement applies.

Examples:
If you are employed by an individual, state the name of the individual employer, the nature of the business, and your position.
If you are self-employed and are not incorporated or are not doing business under a particular business name, state that you are self-employed, the nature of the business, and your position.
If you own your own corporation, are employed by a corporation, or are doing business under a particular business name, state the name and nature of the business or corporation and your position.

1. MINORITY OWNER OF INDEPENDENT INSURANCE SERVICES
2. DIVISON OF LMC HOLDINGS, LLC. (INSURANCE AGENT)
3.
4.
5.
6.

Division II. Commissions from Sales of Goods or Services to Political Subdivisions.

This part is to be completed only by Legislators. If you received income in the form of a commission from the sale of goods or services to a political subdivision, state the name of the purchasing political subdivision. The amount of commission earned is not required to be listed.

1.
2. NA
3.
4.
5. INDIRECTLY — I HAVE COUNTY HOSPITALS, RURAL
6. WATER & COMMUNITY ACTION INSURANCE CLIENTS.

Division III. Sources of Gross Income.

In each one of the following categories list each source which produces more than $1,000 in annual gross income, if the revenue produced by the source was subject to federal or state income taxes last year. List the nature or type of each company, business, financial institution, corporation, partnership, or other entity which produces more than $1,000 of annual gross income. Neither the amount of income produced nor value of the holding is required to be listed in any of the items. **Do not report income received by your spouse or other family members.**

In completing Division III of this form, if your percentage of ownership of an asset is less than 100 percent, multiply your percentage of ownership by the total revenue produced to determine if you have reached the $1,000 threshold.

A. Securities: State the nature of the business of any company in which you hold stock, bonds, or other pecuniary interests that generate more than $1,000 in annual gross income. Income generated by multiple holdings in a single company are deemed received from a single source.

LMC HOLDINGS, LLC - FORMERLY INDEPENDENT INSURANCE

B. Instruments of Financial Institutions: State the types of institutions in which you hold financial instruments, such as certificates of deposit, savings accounts, etc., that produce annual gross income in excess of $1,000, e.g., banks, savings and loans, or credit unions.

NA

C. Trusts: State the nature or type of any trust from which you receive more than $1,000 of gross income annually.

NA

D. Real Estate: State the general nature of real estate interests that generate more than $1,000 of gross income annually, e.g., residential leasehold interest or farm leasehold interest. The size or location of the property interest is not required to be listed.

NA

E. Retirement Systems: State the name of each pension plan or other corporation or company that pays you more than $1,000 annually in retirement benefits.

NA

F. Other Income Categories Specified in State and Federal Income Tax Regulations.

NA

(Signature of Filer) ..... (Date)

Mail to: Chief Clerk's Office, IA House of Representatives
State House, Des Moines, IA 50319