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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE REPORT	FORM B For New Members, Candidates, and New Employees	MAY 1 4 2024 Page 1 of <u>4</u>
Name: Alexandra UANE Poherty Days New Member of or Candidate for State: CA U.S. House of Representatives District: 10	Check If	LEGISLATIVE RESQUEDE CENTER 2024 MAY 20 AM IO: 35 OFFICE OF THE CLERK U.S. HOUSE OF CEMPSON USERIES)
FILER Candidates - Date of Election: November 8TATUS	Filer Type (If Applicable): Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30-days late.
PRELIMINARY INFORMATION – ANSWER EACH C 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	F Did you hold any reportable positions du	ring the reporting ough the date of filing?
asset during the reporting period? 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?	F. Did you have any reportable agreement outside entity during the reporting period or year up through the date of filing?	or arrangement with an 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?	J. Did you receive compensation of more the single source in the current year and two presents and two presents are single source.	an \$5,000 from a Yes No
	RESPONDING SCHEDULE IF YOU ANSWER "YE THE SCHEDULES THAT YOU ARE REQUIRED T	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUS	ST INFORMATION - ANSWER <u>BOTH</u> OF THE	SE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee from this report details of such a trust that benefits you, your spouse, or dependent	ee on Ethics and certain other "excepted trusts" need not be disclosed. dent child?	Have you excluded Yes No
EXEMPTION – Have you excluded from this report any other assets, "unearne exemption? Do not answer "yes" unless you have first consulted with the Com-	d" Income, or liabilities of a spouse or dependent child because they m mittee on Ethics.	eet all three tests for Yes No
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Alexandra Jane Doherty Page 2 of 4

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	Assets and/or Income Sources					Va	lve	of :	Ass	set					Type of Income					Amount of Income .																								
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		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001.550,000	\$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	Spouss/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify e.g., Partnershop Income or Farm Income)	None	21-5200	\$201-\$1,000	\$1,001-£2,500	\$5.001-\$15.000	\$15,001,550,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000	None	\$1-\$200	5201-\$1,000	01,001-82,900	\$2,501-\$5,000 \$5,001-\$15,000	\$15,001.550,000	\$50,004,8400,000	000,000 e-100,000	\$1 000 001-\$5 000 000	ST, UNG, UNT-SC, UUU, SAU	Over 15, University
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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name:	Alexandra	Tana	Dohertu	Page_3_of_4_
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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 payroli. The 2023 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2024 limit is \$31,815. 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 honoraris)	Tuno	Amount							
2	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year						
_	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$600						
Examples:	State of Meryland	Salary	\$20,000	\$76,000						
	CMI War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000						
	Ontario County Board of Education	Spouse Salary	₩A	N/A						
Doherty	Educational Consultants, LLC	Jalary	* 22,500	*60,000						
Athens	Educational Consultants, LCC Clark County t Resording LCC	Jalary Jalary Spouse Salary	64	420						
Racque	t Resording LLC	Spause Salary	1,200	2,849						
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SCHEDULE D - LIABILITIES

Name: Alexandra Jane Doherty	Page_	4	_of _	4
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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 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 dependentchild.

									Amount of Liability									
SP,		Creditor	Date Liability Incurred MO/YR	Type of Liability	201- 200		.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)			
	Ехетріе	First Bank of Wilmington, D€	5/20	Mortgage on Rental Property, Dover, DE	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001-	× 50 × 50 × 50 × 50 × 50 × 50 × 50 × 50	0523	\$1,00	00,7 2 00,7 2	\$5,00 \$25,0	\$25,0	Over	Over (Spou			
	Adv	intage		Student Loons		×												
<u> </u>		A Line of Credit		Line		X								-				
	1 A.	antage		Student Loans		X												
	Dell	s Forgo		Credit Card		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

Athons - N Oconse Greenway Commission