		מנר כיו אמים	Page 1 of
FINANCIAL DISCLOSURE STATEMENT For New Members	For New Members, Candidates, and New Employees		
		EGISLATIVE RESOURCE CELLER	
Name: Kate Mannoe Daytime Telephone.		2023 DEC 27 AH 10: 40	10: 40
New Member of or Candidate for State: CA U.S. House of Representatives District: 44	Check if	U.S. EUUSE OF (Office-Use/Only)	Use Only)
FILER Candidates - Date of Election:	Whendrien		
STATUS New Officer or Employee Staff Filer Type (If Applicable):): Period Covered: January 1,	A \$200 penalty shall be assessed against any	assessed against any
Employing Office: Shared Principal Assistant	ant to	individual who files more than 30-days late.	re than 30-days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	STIONS		
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 asset during the reporting period?	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 Yes No reporting period?	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 L
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	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	CHEDULE IF YOU ANSWER "YES"	g	
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU	S THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ON - ANSWER BOTH OF THES	E 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?	nother "excepted trusts" need not be disclosed.	_	Yes No X
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.	of a spouse or dependent child because they me	_	Yes No X

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

For bank and other cash accounts, total the amou (do not use only ticker symbots). production of income and with a fair market value axceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in t you report a privately traded fund that is Excepted investment Fund, please check the "E or all IRAs and other retirement plans (such in the optional column on the far left. omes and vecation homes (unless there was rank roome during the reporting period); and any finance transit in, or income derived from, a feder or rentatiand other real property held for invest would a complete address or description. he account that exceeds the reporting thresholds you so choose, you may indicate that an asset nome source is that of your spouse (SP) apparatent child (DC), or jointly held with anyone usiness, the nature of writer property," and a city and state rovide complete names of stocks and mutual fund tentify (a) each asset held for investment clude: Your personal residence, including seco is not publicly traded, Assets and/or income Sources interest-bearing accounts. If the total is loyer 00, list every financial institution where there then \$1,000 in interest-bearing accounts. PENTAL (CANOBIA) REWELL (NOTHERS) FORT (SPECE) 529 plans) provide the value for each as detailed discussion of Schedule nents, please refer to the instruction book program, including the likith Simon & Schuster ABC Hedge Fund Mega Con Stock **BLOCK A** High High 盟 × If an asset was sold during the reporting period and included only because it generated income, the value should "None." Indicate value of easet at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. *Column M is for statets held by your spouse or depende child in which you have no interest None \$1-\$1,000 • \$1,001-\$15,000 0 メ \$15,001-\$50,000 0 Value of Asset × \$50,001-\$100,000 m 71 \$100,001-\$250,000 BLOCK B × \$250,001-\$500,000 ଜ \$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* E IRA or 528 accounts), you may check the "Tax Deferred" counts. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset Check all columns that apply. For accounts the generate tax-deferred mooms (such as 401) generated no income period NONE × DIVIDENOS × × × RENT Type of Income INTEREST BLOCKC CAPITAL GAINS EXCEPTED/BLIND TRUST × TAX-DETERRED Other Type of Income (Specify: e.g., Partnership Income or Farm income) 又 assets indicate the category of income by checking the appropriate capital gaine, even if reinvested, must be disclosed as income income vers earned or generated. "Column XII is for assets held by your apouse or dependent child in which you have no interest For assets for which you checked "Tax-Deferred" in Block C. you may check the "None" column. assets indicate the category of income by checking the appropriate box below. Dividendle, it None = × \$1-\$200 ᆸ \$201-\$1,000 7 \$1,001-\$2,500 ٧ \$2,501-\$5,000 × \$5,001-\$15,000 S ≦ ×× \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Amount of Income × Over \$5,000,000 BLOCK D ă Spouse/DC Income over \$1,000,000 None = \$1-\$200 = \$201-\$1,000 z \$1,001-\$2,500 Ē < \$2,501-\$5,000 ≤ \$5,001-\$15,000 held in taxable acco ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 R \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 For all other × Over \$5,000,000 Spause/DC Income over \$1,000,000* 뀰

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Name: Kate Monroe

SCHEDULE C - EARNED INCOME

Name: Kate Monroe Page of

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 speuse, list the source and amount of any honoraria. List only the source for other speuse earned income exceeding \$1,000. See examples below.

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 2022 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$29,895. The 2023 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. EXCLUDE: Military pay (such as National Guard or Reserve pay), toderal retirement programs, and benefits received under the Social Security Act.

	4			
	Source (include date of receipt for hoppraria)	Tune	Am	Amount
9		1) pro	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honoranum	\$0	\$500
Examples:	State of Maryland	Seleny	\$20,000	\$78,000
	Civil Wer Roundtable (Oct. 2)	Spouse Speech	\$6	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A	₩A
Qualcom	Qualcomor Technologies Inc	Sparse Saley	\$ 223.000	
Qual comm	Qualcomm Technologies Inc	Sparse Redinant	\$ 396.000	
Wyndman	7	Wasettement	\$ 62,000	
Wandham		settlement	\$62,000	
5 5 5 5 5				

SCHEDULE D - LIABILITIES

Name: Kate Monroe Page of _____

exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child. 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 (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

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			Date			>	>	> 0		o	o e	C)	C C	r r	r r
SP. DC, JT		Creditor	Liability Incurred MO/YR	Type of Liability		\$10,001- \$15,000	\$10,001- \$15,000 \$15,001- \$50,000	\$15,001-	\$15,001- \$50,000 \$50,001-	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001-	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,001- \$5,000,000	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$5,000,000 \$5,000,001- \$25,000,001- \$25,000,001-
	Example	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE					×	×	×	×	×	×	×
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SCHEDULE E - POSITIONS

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. 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

	President	637	Position	The second state of the second
	Red Unitures	VetComm.us	Name of Organization	biographic positions from it the culterit calcillating page and the province years.

SCHEDULE F - AGREEMENTS

Name: Kate Monroe Page <u>'Q</u>

identify the continuation employer.	identify the date, parkes to, and general terms of any agreement or arrangement that you have with respect to: future employs continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation employer. Parties to Agreement	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government acritical continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. 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 affiliation 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
Vita Felice	Coachine real estate asonts

FILER NOTES (Optional)

Name: Kate Monroe

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