



Filing ID #10061266

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B81 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Sarah Elizabeth McBride
Status: Congressional Candidate
State/District: DE00

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2024
Filing Date: 05/14/2024
Period Covered: 01/01/2023– 04/15/2024

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Checking Account [BA]		\$1,001 - \$15,000	Interest	None	None
Principal 401K [OT]		\$15,001 - \$50,000	Dividends	\$2,501 - \$5,000	\$5,001 - \$15,000
DESCRIPTION: 401k from previous employer					

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Nemours	Speaking	N/A	\$1,500.00
Penguin Randomhouse	Speaking	N/A	\$3,200.00
American University	Speaking Reimbursement	N/A	\$500.00
University of Delaware	Class	N/A	\$1,753.00
State of Delaware	Salary	\$17,882.20	\$52,952.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Fairway Independent Mortgage Corporation	August 2018	Mortgage	\$50,001 - \$100,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Board Member	Equality Delaware

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
State of Delaware (Dover, DE, US)	State Senator

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

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 benefiting you, your spouse, or dependent child?
☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?
☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.
Digitally Signed: Sarah Elizabeth McBride , 05/14/2024