



Filing ID #10068060

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Hon. Sarah Elizabeth McBride  
**Status:** Member  
**State/District:** DE00

## FILING INFORMATION

**Filing Type:** New Filer Report  
**Filing Year:** 2024  
**Filing Date:** 05/14/2025

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Human Rights Campaign 401(k) Plan ⇒ T. Rowe Price 2055 Retirement Fund (TRRNX) [MF]		\$15,001 - \$50,000	Dividends	\$201 - \$1,000	\$201 - \$1,000

\* Investment Vehicle details available at the bottom of this form. 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
State of Delaware	Salary for being a state senator	N/A	\$56,488.90

## SCHEDULE D: LIABILITIES

None disclosed.

## SCHEDULE E: POSITIONS

None disclosed.

## SCHEDULE F: AGREEMENTS

None disclosed.

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

None disclosed.

**SCHEDULE A INVESTMENT VEHICLE DETAILS**

- Human Rights Campaign 401(k) Plan

**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:** Hon. Sarah Elizabeth McBride , 05/14/2025