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A \$200 penalty shall be assessed against any individual who files more than 30 days late.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE A - ASSETS	SCHEDULE A - ASSETS & "UNEARNED INCOME" BLOCK A BLOCK B	Name: Kara	Eastman	Page 2 of 5
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	TO TO
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$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 "unearned" income during the year.	Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividents, interest, and capital gains, even if relinvested, must be disclosed as income for acests held in taxable accounts. Check	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was samed or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	may check the "None" column. For all other faits box below. Dividends, interest, and me for assets held in taxable accounts. in which you have no interest.
Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such ass 401(k) plans) provide the value for each asset held in the account final exceeds the reporting thresholds.	*Column M is for assets held by your spouse or dependent child in which you have no interest.	"None" if the asset generated no income during the reporting period.		
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	A B C C D E F G H !		Current Year	Preceding Year
For rental and other real property held for investment provide a complete address or description, e.g., "rental property," and a city and state.		e)		,
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		or Farm Incom		
Exclude: Your personal residence, including second homes and vacation homes (unless there was entail income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.		Partnership Income		
If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF box.			\$1,000,000*	\$1,000,000*
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	15,000	ST L GAINS TED/BLIND TRUS	12,500 15,000 \$50,000 \$100,000 1-\$1,000,000 101-\$5,000,000 000,000	12,500 16,000 115,000 \$50,000 \$100,000 1-\$1,000,000
For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	\$100,000 \$250,000 \$500,00 \$1,000,0 \$5,000,0 \$25,000,	TAX-DE	\$100,00 \$1,000,0 Over \$5,	\$1,001-1 \$2,501-1 \$5,001-3 \$15,001- \$50,001 \$100,00 \$1,000,0
SP, EFF Mega Corp Stock EFF	×	×	×	
Examples:	Indefinite	Royaties	×	×
ABC Hedge Fund X	×	Pertnership Income	×	×
XC NEST 529	X	*	×	
SP Principal Francish	*	×	×	
	7	*		

SCHEDULE C - EARNED INCOME

Name: Kare Eastman Page 3 of 5

List the source, type, and amount of earned income from any source (other than the flier's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the flier and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse 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.

SCHEDULE D - LIABILITIES

Name: Kara fastman Page_ 잌

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

				SP. DC. JT				
			Example					
		NIA	First Bank of Wilmington, DE	Creditor				
			5/98	Date Liability Incurred MO/YR				
, in the second	, the state of the		Mortgage on Rental Property, Dover, DE	Type of Liability				
				\$10,001- \$15,000	>			
				\$15,001- \$50,000	B			
				\$50,001- \$100,000	c			
			×	\$100,001- \$250,000	б	\		
				\$250,001- \$500,000	ľη	Amount of Liability		
				\$500,001- \$1,000,000	71	t of Li		
				\$1,000,001- \$5,000,000	6	ability		
				\$5,000,001- \$25,000,000	æ			
				\$25,000,001- \$50,000,000	-			
				Over \$50,000,000	٠.			
				Over \$1,000,000* (Spouse/DC Liability)	×			

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	Position Name of Organization
Vice Chapt + Director	Metropolitan Commandy College - Weblastia through Dec. 2018
and the second s	

SCF

Date	Identify the date, parties to, and general continuation or deferral of payments by a employer.	SCHEDULE F - AGREEMENTS
Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation i employer.	ENTS
Terms of Agreement	ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former	Name: Kara Eastman
	iod of government service; an maintained by a former	Page 5 of 5

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.

30.00	great and the state of the stat	a printing the constitution of the constitutio
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	N) / A	

Name:

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