Filer Candidate for the Status House of Representatives District or employee Err		Name: KAREN M. PORTERFIELD	Period covered: January 1, 2016 - AUGUST 3(1, 2012)	UNITED STATES HOUSE OF REPRESENTATIVES
District STK Election: 11 (e 1/2)		Daytime Telephone		NTATIVES
Amendment	1		For use by candidates and new employees	FORM B
A \$200 penaity shall be assessed against any individual who files more than 30 days late.	(Office Usa Only)		US. Both of The Land Health	2012 SEP 10 % 100: 02

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Each question in this part must be	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schadule III.	 Did you, your spouse, or a dependent child receive "unsarned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yee, complete and attach Schedule II. 	 Did you or your spouse have "earned" income (e.g., salaries or leas) of \$200 or more from any source in the reporting period? If yes, complete and ettach Schedule I. 	
answered	₹	Yes X	Yes X	
and the a	₩ 🔲	8	No I	
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Old you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yea, complete and attach Schedule IV.	
esponse.	¥ 8 8	Yes 🔀	Yes 🔀	
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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? Do not answer "yes" unless you have first consulted with the Committee on Ethics. 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 a dependent child? ğ □ ĕs □ ₹ |X **₹**

SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name KAREN W PARTETEREND PAGE 1 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) totalling \$200 or more during the preceding calendar year. For a 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.

Exclude: Military pay (such as National Guard or Heserve pay), reversi retriement programs, and benems received unit	ment programs, and peneits re	ceived under the Social Security Act.	Security Act.
	Time	Amount	unt
Source (moude date of receipt at translation)	1700	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$29,450
7	Director's Fee	\$400	\$3,200
Exemples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schooks	Spouse Salary	Š	NA
FOULDATION FOR ELARLY LEARNING SEATLE, WA	CONSULTANTS FEE	# 3,000	# (2,000
SEATTLE UNIVERSITY SEATTLE, WA		# 12,636	# 35,004
MARTIN FUTIER KING HABOR CACK, SEA, WA CONSULTANTS FEE	CONSULTANTS FEE		# 4,000
FAMILY WORKS, SEATTLE, WA	CONSULTANTS FEE	₩	7,000
TEMPORARY RETAIL - (1514- > BANGE ST. SEA, WA REISTAL INCOME	RENTAL INCOME	# 4,350	₩
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Si		401(K) - AWEZIPRISE	401 (K) - UNINERSITY		BANK OF AMERICA			SP Mega Corp. Slock	is not publicly indirect in a privately-held business is not publicly indirect in a privately-held business is not publicly indirect in the business business buck A. If the maker of its activities, and its geographic thom is Block A. Islate: Your personal residence, including second less and vacalion homes (<i>unless</i> there was rental lime during the reporting period); any deposits stualistication or less in perional checking or starings owns, and any insancial interest in or income wed from, a tederal retriement program, including that Savings Plan. That Savings Plan. That Savings Plan indicate that an asset or me source is that of your spouse (SP) or dependent of Common on the lat left. a detailed discussion of Schedule II requirements, is a relation to the instruction booklet.	rental or other real property held for investment, rate a complete subhress.	only the name of the institution noting industrial and its value at the end of the reporting period.	all IRAs and other retirement plans (such as 401(t) is) that are self-directed (i.e., plans in which you is the power, even if not expressed, to select the sperimensaments), provide the value for each asset held to account that acceeds the reporting thresholds, retirement accounts which are not self-directed.	vide complete names of stocks and mutual funds not use licker symbols).	order with a fair market value exceeding \$1,000 at ond of the reporting period, and (b) any other triable asset or sources of income which generated than \$200 in "unearned" income during the year.	Asset and/or income Source	BLOCK A	
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SCHEDULE III - LIABILITIES

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniting of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

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			WASHINGTON STATE EMPLOSEES	Example: First Bank of Wilmington, DE	Creditor	mig or you or your spouse. Indiger resonant Activities executive (1.0" report region) with a new resonance of the choice of the
			JULY 1994	Mey 1998	Date Liability Incurred mo/year	20000000
		SENTLE, WA	JULY 1994 WING THAKE ON 6314 S. BANGOR	Mortgage on 123 Main Street, Dover, DE	Type of Liability	ס., כוסטוו בשועש) לוווץ וו מוס בשמוועס מו ווס כולס
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SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an off-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary partire

and positions solely of an individity nature.	aiure.
Position	Name of Organization

SCHEDULE V - AGREEMENTS

Name KAREN M. PORTERCIELD PAGE -LOI-

efit plan maintained by a former employer.	service: continuation or deferrat of payments by a former or current employer other than the U.S. Government; or continuing partic	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of abs	
	S. Government; or continuing participation in an employee welfare or ben-	b: future employment: a leave of absence during the period of government	

	The state of a server or payor.	
Date	Parties To	Terms of Agreement
09/01/12	SEATTLE UNIVERSITY - EMPLOYER	INSTRUCTOR - 4 CLASSES SEPTEMBER ZOLD THROUGH JUNE ZOB

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affitiation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generaling 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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
SEATTLE UNIVERSITY SEATTLE, WA	PROFESSOR - TEACHING IN CLASS ROOM SETTING
FOUNDERION FUR GARLY LEARNING, SEATTLE, WA	FOUNDATION FOR EARLY HEARNING, SEATTLE, WILL CONSULTED EXEC. DIRECTOR & BOARD IN VISIN FOUNDRABING
FAMILY WIDEKS, SEATTLE, WID	CONSULTED EXEC OLICECTUR, STAFE ! BALLO IN VISIN FENDOWSH

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