| INITED STATES HOUSE OF BEBBESENTATIVES | | FORM B | MAR 25 2016 ge 1 of 9 | age 1 of |
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| FINANCIAL DISCLOSURE STATEMENT | For New Members, Candidates, a | ndidates, and New Employees | motor ATIVE BECOMES OF | - |
| Name: This KAREN | Daytime Telephone: | | 2016 MAR 29 AM 10: 01 | • |
| New Member of or Candidate for State: NS U.S. House of Representatives District: # 9 Candidates – Date of Election: 6/7/16 | | Check if Amendment | U.S. Habbe &F REPRESENTATIVES (Office Use Only) | N.C. |
| New Officer or Employee Employing Office: | | Period Covered: January 1, 30/5 to 050. | A \$200 penaity shall be assessed against any individual who files more than 30 days late. | against any Jays late. |
| PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS | THESE QUESTIO | NS | | |
| 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. Make more than \$200 in unearned income from any reportable asset during the reporting period? | No E. Di | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? |) period Yes | 8 |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period? | No F. Di an o | F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing? | with Yes | No |
| D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period? | No J. Di | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | \$5,000 from a single Yes | No |
| ATTACH THE CORRESPONDING SCHEDULE IF Y | ESPONDING SCHED | JULE IF YOU ANSWER "YES" | S" | |
| THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE | HE SCHEDULES TH | AT YOU ARE REQUIRED TO | COMPLETE | |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER | INFORMATION - A | ANSWER BOTH OF THESE QUESTIONS | E QUESTIONS | |
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or your dependent child? | ւ Ethics and certain other "ex child? | cepted trusts" need not be disclosed. Have you excluded from | Yes 🔲 | No V |
| 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. | come, transactions, or liabiliti | es of a spouse or dependent child becau | Yes | No P |

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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For bank and other cash accounts, total the amount all interest-bearing accounts. If the total is ow \$5,000, list every financial institution where there For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held Provide complete names of stocks and mutual fund: (do not use only ticker symbols). reviue a complete address or description, rental property," and a city and state. or rental and other real property held for investmen he account that exceeds the reporting thresholds. nore than \$1,000 In interest-bearing accounts you so choose, you may indicate that an asset or noome source is that of your spouse (SP) or leaendent child (DC), or jointly held with anyone (JT) or an ownership interest in a privately-held busin the optional column on the far left. you have a privately-traded fund that is an Exceptivestment Fund, please check the "EIF" box. eographic location in Block A. meamed" income during the year. tirement program, including the Thrift Savings Plan ceeding \$1,000 at the end of the reporting period d (b) any other reportable asset or source of chude: Your personal residence, including seco Assets and/or income Sources 93 in, or income derived from, a fu 쥖 <u>(a</u> ents, please refer to the instruction booklet the nature publicly traded ation homes (unless there was rent Simon & Schuster Mega Corp Stock **BLOCK A** and with a fair market value 잌 ਲੋਂ for investment \$200 필요 뫾 × If an asset was sold during the reporting period and included only because it generated income, the val *Column M is for assets held by your spouse or depende please specify the method used. indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value child in which you have no interest None \$1-\$1,000 œ \$1,001-\$15,000 O 0 \$15,001-\$50-000 m Value of Asset × \$50,001-\$100,000 \$100,001-\$250,000 **BLOCK B** \$250,001-\$500,000 0 x \$500,001-\$1,000,000 $\overline{\mathbf{x}}$ \$1,000,001-\$5,000,000 ے \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 \mathbf{x} _ Over \$50,000,000 Yall Z Spouse/DC Asset over \$1,000,000* Check all columns that apply. For account NONE ncome during the reporting period einvested, must be disclosed as incon or assets held in taxable account generate tax-deferred income (such as (k), IRA, 529 accounts), you may check tax-beferred column. Dividends × DIVIDENDS 1 RENT Type of Income INTEREST ≓ BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column other assets indicate the category of income by checking the appropriate box below. Dividends, and capital gains, even if reinvested, must be disclosed as income for assets held in 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 \$1-\$200 = = \$201-\$1,000 \$1,001-\$2,500 ₹ **Current Year** < \$2,501-\$5,000 < × \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≨ \$50,001-\$100,000 ᆽ \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 Amount of Income Over \$5,000,000 × BLOCK D × Spouse/DC Income over \$1,000,000 None \$1-\$200 = **=** \$201-\$1,000 × ₹ \$1,001-\$2,500 Preceding Year < ≤ \$2,501-\$5,000 \$5,001-\$15,000 ≦ × \$15,001-\$50,000 K X ≦ \$50,001-\$100,000 图 × \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 interest taxable Over \$5,000,000 ≚ For all ≚ Spouse/DC Income over \$1,000,000

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: TAUID KARLEN Page 4 of 9

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

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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), federal retirement programs, and benefits received under the Social Security Act.

| | | | | | | Ļ | ABC Trade Association, Baltimore, MD (July 15) State of Maryland Source (include date of receipt for nonorana) | |
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| Name: DAVIO KARSKA | Page S of Q |
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| during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting secured by real property including mortgages on their personal residence. Exclude : Any mortgage on your personal residence is, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and | nount owed during the reporting igage on your personal residence iss you are personally liable); and |
| ou or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period | the close of the reporting period |

period. New Members: Members are required to report all liabilities Report liabilities of over \$10,000 owed to any one creditor at any time liabilities owed to you by a spouse or the child, parent, or sibling of yo exceeded \$10,000. (unless you rent it out or are a Member); loans secured by automobile *Column K is for liabilities held solely by your spouse or dependent child.

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| LEB REMESSION PRE MODI | | | | | | | Over \$1,000,000* (Spouse/DC Liability) | ~ | |
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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.

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| | Date Partic | Identify the date, parties to, and general terms continuation or deferral of payments by a form | SCHEDULE F – AGREEMENTS |
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| | 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 in | 78 |
| | Terms of 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 service; 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. | Name: MALO AMKKN Page 2 of 9 |

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 |
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| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
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