		HAND
UNITED STATES HOUSE OF REPRESENTATIVES For No	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Jarnie Raskin Daytin	Daytime Telephone: <u>多</u> のコースタケー534!	A S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: D.S. House of Representatives District: Candidates - Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Ty Employing Office: Shared	pe (If Applicable): Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	E QUESTIONS	
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. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an the current calendar Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU A	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT	RMATION - ANSWER BOTH OF THES	H OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	and certain other "excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes No 💽
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consutted with the Committee on Ethics.	r liabilities of a spouse or dependent child because they me	et all three tests for Yes No L

SCHEDULE A - ASSETS & "UNEARNED INCOME"

or all IRAs and other retirement plans (such as 1/1(k) plans) provide the value for each asset held in e account that exceeds the reporting thresholds.	indicate value use a valuation method other than fair market value please that generate tax-deferred income (such as assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. St.,000 at the end of the esporting period, specify the method used. 40(1k), IRA, or 529 accounts, you may check capital gains, even if reinvested, must be disclosed as income for assets held in taxable the "None" column. By check capital gains, even if reinvested, must be disclosed as income for assets held in taxable the camplete names of stocks and mutual funds "Column M is for assets held by your spouse or dependent child in which you have no interest. Check the "Tax-Deferred" column. By check capital gains, even if reinvested, must be disclosed as income for assets held in taxable the camplete names of stocks and mutual funds "Column M is for assets held by your spouse or dependent child in which you have no interest. Check the "Tax-Deferred" column. By check capital gains, even if the phyderods, in the capital gains, even if the state of the capital gains, even if the capital gains, even if the state of the capital gains, even if the state of the capital gains, even if the capital gains, even if the state of the capital gains, even if the capital gains, even if the state of the capital gains, even if the capital gains, even if the state of the capital gains, even if the capital gains, even i	Assets and/or Income Sources Vi	BLOCK A	SCHEDULE A – ASSETS & "UNEARNED INCOME"
	tat close of the reporting period. If you ad other than fair market value, please ed. I during the reporting period and is it generated income, the value should stathed by your spouse or dependent e no interest.	Value of Asset	BLOCK B	RNED INCOME"
	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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check None: if the asset generated no income during the reporting period.	Type of Income	BLOCK C	Name: Jamie +
Current Year	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. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D	nie Raskin
Preceding Year	may check the "None" column. For all other late box below. Dividends, interest, and me for assets held in taxable accounts. In which you have no interest.	10		Page 2 of 7

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	•	attached	न्ह कथात	ABC Hedge Fund X	Examples: Simon & Schuster		For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. Sp.	If you so choose, you may indicate that an asset or noome source is that of your spouse (SP) or steendent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the resporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	For rental and other real property held for investment provide a complete address or description, e.g. rental property, and a city and state.	all interest-bearing accounts, if the lotal is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	rroyide complete names or stocks and mutual runds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value acceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which glenerated more than \$200 in unearned income during the year.	Assets and/or income Sources	BLOCK A
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SCHEDULE C - EARNED INCOME

Name: Jamin B. Raskin Page

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.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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.

Course (include date of consist for become)	•	Am	Amount
Source (ilicidde date of lecelpt for nonoralia)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Chi War Roundlable (Oct. 2)	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
American University	Salary	296.946.85	237.362.66
State of Maryland	Salary	39,512.96	42,069.36
Sage Publications	1099-Misc	2,930.11	2,831.95
Department of Treasury	Spouse Salary	153,041.62	175,363.48
Columbia Pipeline Group Services	Spouse Salary	86,342.99	N/A
The Northern Trust Company	Spouse Salary	12,635.81	N/A
People for the American Way	1099-Misc	N/A	20,773.00
		222	
		200	

SCHEDULE D - LIABILITIES

Name: Jamie
Raskin

Page 6 of 7

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

				sp. Dc. л		
	:		Example			
	•		First Bank of Wilmington, DE	Creditor		
5			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
-: -:				\$15,001- \$50,000		
				\$50,001- \$100,000	ი	
			×	\$100,001- \$250,000	D	
				\$250,001- \$500,000	т	Amount of Liability
				\$500,001- \$1,000,000	71	t of Li
				\$1,000,001- \$5,000,000	စ	ability
				\$5,000,001- \$25,000,000	Ξ	,
				\$25,000,001- \$50,000,000		
				Over \$50,000,000	د	
				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 and two previous years.

			3
		Position	a dire dire con cin concentrate your rivery can continue
		Name of Organization	Land and the controller land to the controller and the controler and the controller and the controller and the controller and t
			the second

SCHEDULE F - AGREEMENTS

Name: amie 大oskis Page •

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

omprojoi.		
Date	Parties to Agreement	Terms of Agreement
12/2016	12/2016 Myself & American University	Leave of absence - unpaid
१९६०	1940 Myself & American University	401CK) Plan
2006	Miself & State of Maryland Retirement	Retirement Plan

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.

government of		grant and any more special and the second of
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
		W.