



Filing ID #10028896

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Kimberly Nelson
Status: Congressional Candidate
State/District: SC04

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2019
Filing Date: 09/19/2019

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Bank of America 401k ⇒ Lifepath Index 2050 Fund [MF]		\$1,001 - \$15,000	Capital Gains	None	None
Mattress Firm 401k ⇒ flexPATH Index Moderate [MF]	SP	\$15,001 - \$50,000	Capital Gains	None	\$5,001 - \$15,000
Netflix, Inc. (NFLX) [ST]	JT	None	Capital Gains	None	\$1,001 - \$2,500

* Asset class 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
New Penn Financial LLC	Spouse salary	\$66,700.00	\$3,346.15
Mattress Firm, Inc.	Spouse salary	N/A	\$76,858.78

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
SP	Mohela	August 2016	Student loans	\$50,001 - \$100,000
	Nelnet	August 2016	Student loans	\$50,001 - \$100,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Founder	South Carolina Parents for Vaccines

SCHEDULE F: AGREEMENTS

None disclosed.

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

None disclosed.

SCHEDULE A ASSET CLASS DETAILS

- Bank of America 401k
- Mattress Firm 401k (Owner: SP)

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: Kimberly Nelson , 09/19/2019