#### tests for exemption? 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 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 that benefits you, your spouse, or your dependent child? EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** b. Make more than \$200 in unearned income from any reportable asset during the reporting period? STATUS FLER end of the reporting period? or MARCH 1 X Do not answer "yes" unless you have first consulted with the Committee on Ethics U.S. House of Representatives Employing Office New Officer or Employee Candidates – Date of Election: New Member of or Candidate for THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE PLASTER ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" ₹ U Nov State: District: maryland Yes Yes Yes 之 Daytime Telephone: 2016 イ メ For New Members, Candidates, and New Employees š Š Š E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? 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? J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? FORM B Period Covered: January 1, 2014 Amendment Check if A \$200 penalty shall be assessed against any individual who files more than 30 days late. U.S.,HOUSE OF REPRESENTATIVES LECISLATIN'E RESOURCE CENTER 2015 JUL 22 PM 1:47 (Office Use Only) Yes Yes Yes Yes Yes メ X Š Š 돐 Ş Z $\overline{\lambda}$

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MARIC L PLASTER WY

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MARIL L PLASTER MY

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### SCHEDULE C - EARNED INCOME

Name: MARK L PLASTER MY Page 4 of 6

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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff, INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payrolt. 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

		•	
Source (include date of receipt for honoraria)	Type		Autouric
	73.67	Current Year to Filing	Freceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Only War Republic (Oct. 2)	Spouse Speech	\$0 \$0	\$1,000
		*	
university of maryland Emergoncy Physicians	Tage V	12 360	0.56 645
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#### SCHEDULE D - LIABILITIES

Name: MARK L PLASTER MY Page 5 of 6

(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. 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 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

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#### SCHEDULE E - POSITIONS

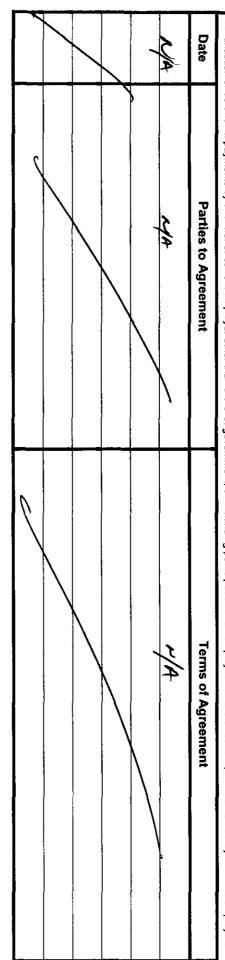
other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an 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 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

	Gonorel manager, Executive Estate	Position	
	GOMBIEL MANAGER, EXCLUSIVE ENGLAND IN C. PLASTER Publishing Co. LLC (Abs Emergency Physicians Monthly)	Name of Organization	

#### SCHEDULE F - AGREEMENTS

Name: MARK L PLASTER unt Page 6 of 6

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.



# 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 and any information considered confidential as a result	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information issued on scriedure c.
Source (Name and City/State)	Brief Description of Duties
Example Doe Jones & Smith, Hometown, Homestate	Accounting Services
Reef Port Group	spirect matter consultant

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