UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	JAN 0 9 2018 Page 1 of 4 LEGISLATIVE RESOURCE CENTER
Name: DONNA MERCADO KIM	Daytime Telephone:	078 JAN 24 PM 1: 05
New Member of or Candidate for State: HAWA!!  V.S. House of Representatives District: 1  Candidates – Date of Election:	Check if Amendment	U.S. HOUSE OF REPAISEMIATIVES  (Office Use Only)
New Officer or Employee  Employing Office:	Staff Filer Type (If Applicable): Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF	F THESE QUESTIONS	
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 unearmed income from any reportable asset during the reporting period?	No  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 res V No No
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. Did you have any repoutside entity during the year up through the date	ortable agreement or arrangement with an reporting period or in the current calendar 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?	J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	n \$5,000 from a Yes V No No
ATTACH THE CORE THIS FORM INCLUDES ONLY	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	TH OF	THESE QUESTIONS
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 dependent child?	e on Ethics and certain other "excepted trusts" need not be disclosed. ent child?	Have you excluded Yes No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	l" income, or liabilities of a spouse or dependent child because they meet all three tests for nittee on Ethics.	et all three tests for Yes No V

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

BLOCK A  Assets and/or income Sources	BLOCKB Value of Asset	BLOCK C  Type of Income	BLOCK D Amount of in	BLOCK D  Amount of Income
			Current Year	Preceding Year
		у: е.д.,	00,000° ≚	= = = = = = = = = = = = = = = = = = =
	000 001-\$15,000 000 001-\$15,000,000 001-\$50,000 001-\$50,000 001-\$50,000 001-\$50,000 001-\$50,000 001-\$50,000 001-\$50,000 001-\$50,000 001-\$50,000 001-\$50,000 00	VIDENDS  ENT  TEREST  APTIAL CAME  KCEPTED/BLIND TRUST  COMPANY  C	-\$200 051-\$1,090 ,001-\$2,500 5,001-\$15,000 5,001-\$15,000 5,001-\$100,000 60,001-\$1,000,000 60,001-\$1,000,000 60,001-\$2,000,000 60,001-\$2,000,000 60,001-\$2,000,000	###: 1-\$200 ##1-\$1,000 1,001-\$12,500 1,001-\$15,000 5,001-\$15,000 100,001-\$100,000 100,005-\$1,000,000 1,000,001-\$5,000,000 ##1-\$5,000,000
SP, DC, ASSET NAME EF				
MORGAN GRANLEY		*	×	×
77	*	×	×	×
Aduit aroup of the	*			
TD AMERITRADE (IKA)	*			
HANAII MUNICIPAL FUND	*			
CAC OF HENOLULU	×			
DEFERRED COMP				
AMERICAN EQUITY (104)	×			
GLOBAL ATLANTIC(JRA)	×			
GUARDIAN LIFE	<b>×</b>			
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## SCHEDULE C - EARNED INCOME

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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.

	<b>1</b>	Am	Amount
<b>Source</b> (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Cct. 2)	Salary Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
STATE LEGISLATURE - STATE OF HAWAII	SALARY (SENATOR)	<b>5</b> 6, 1162.00	sa, 362.00
STATE OF HAWAII	Pension		\$ 33,460.21
LIFE VANTAGE	1901SEILMING)		956.92
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## SCHEDULE D - LIABILITIES

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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. 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

				уР. DC, J⊤		
	( N		Example			
	OPW TINANCIAL SECUCES		First Bank of Wilmington, DE	Creditor		
	9110	Ql <sub>1</sub> ,	5/98	Date Liability Incurred MO/YR		
	PSWS BHOTH CANADA		Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
	>	۲		\$15,001- \$50,000	89	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	п	moun
				\$500,001- \$1,000,000	П	Amount of Liability
				\$1,000,001- \$5,000,000	စ	ability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	٠	
				Over \$1,900,000° (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, fratemal, 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.

period and the current calendar year. First-year candidate	period and the cultent calendary year. In stylear candidates and new employees report positions field in the current calendar year and two previous years.
Position	Name of Organization