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RESENTATIVES	
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	2015 MAY 15 PM 1: 47
Name: Jamin B. Raskin Daytime Telephone:	U.S. HOUSE OF THE CLEAK
New Member of or Candidate for State: Maryland    X   U.S. House of Representatives District: 8   Check if Amendment	if (Office Use Only)
New Officer or Employee  Employing Office: Period Covered: January 1, 2014 to Desemble 31, 2014	anuary 1, 2014 A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE 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 in the current calendar asset during the reporting period?  A. Did you, your spouse, or your dependent child:  Yes X No E. Did you hold any reportable or in the current calendar 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?  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 X No F. Do you have any reportable agreements an outside entity?	rable agreements or arrangements with Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes No X J. Did you receive compensation of more the 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 Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	NSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED T	REQUIRED TO COMPLETE
EXCLUSION OF SECURE DESERVENT OF TRUST INFORMATION AND ADDRESS OF	

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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? 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. Yes Yes 중 Š

#### SCHEDULE A - ASSET

	ETS & "UNEARNED INCOME"
	Name: Jamin B. Raskin
	Page 2 of 11

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<del>-</del>	co		<del></del>	-			Ť	For a detailed discussion of Schedule requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an anset or income source is that of your spouse (SP) or dependent child (CC), 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 roomes and vacation homes (unless there was onla honome during the reporting period), and any financial nearest in, or income derived from, a federal retirement program, including the Thrift Sevings 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 peographic location in Block A.	For rental and other real property held for investment provide a complete address or description, e.g. 'nantal property,' and a city and state.	routenits and outer test recounts, fower its sinculinity all interest-bening accounts. If the fotal is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only licker symbols).  For all IRAs and other retirement plans (such	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in unearned income during the year.  Provide complete names of stocks and mutual funds	ě	
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Name: Jamin B. Raskin

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Name: Jamin B. Raskin

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#### SCHEDULE C - EARNED INCOME

Name: Jamin B. Raskin Page 8 of 11

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 honorarie. 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), faderal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$25,955. It is unchanged in 2014. In addition, certain types of income (notably honoraris, director's fees, and psyments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

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Source (include date of receipt for honoracia)	Tyme		Amount
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State of Maryland	Salary	40,816.50	40,225.28
American University	Salary	276,825.46	268,706.15
People for the American Way	1099-MISC	36,000.00	30,000.00
The Washington Center	1099-MISC	700.00	0.00
Harvard University	1099-MISC	1,000.00	0.00
College of William and Mary	1099-MISC	1,000.00	0.00
Sage Publications, Inc.	1099-MISC	2,831.95	11,481.78
Dept. of Treasury	Salary - Spouse	N/A	N/A

#### SCHEDULE D - LIABILITIES

Name: Jamin B. Raskin

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Report liabilities of over \$10,000 owed to any one creditor at any time 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 sibing 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.

				DC, JT		
			Example			
			First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR	!	
			Mortgage on Rental Property, Dover, DE	Type of Liability		
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#### 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 listed in Schedule C; 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	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.
Position	Name of Organization
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#### SCHEDULE F - AGREEMENTS

Name: Jamin B. Raskin Page 10 약

	Date	dentify the date, p
	Parties to 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 du 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
	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.

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

							NOTE NUMBER
						:	
							NOTES