| UNITED STATES HOUSE OF REPRESENTATIVES | FORM B For New Members, Candidates, and | New Employees | | Page 1 of |
|---|--|--|--|--|
| Name: Carrista Carrista | Daytime Telephone: | | 016 OCT -3 AM 11: 03 | ω |
| | | | COORS OF THE CLE. N | |
| New Member of or Candidate for State: Clark Officer U.S. House of Representatives District: 5445 Candidates – Date of Election: 11 2 11 | | | (Office Use Only) | Only) |
| New Officer or Employee Employing Office: | | Period Covered: January 1, | A \$200 penaity shall be assessed against any individual who files more than 30 days late. | essed against any ıan 30 days late. |
| PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS | F THESE QUESTI | IONS | | |
| 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. Make more than \$200 in unearned income from any reportable asset during the reporting period? | 5 | 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 period Yes | <u>\$</u> |
| C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period? | \$ 5 T | F. Do 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 Yes the current calendar | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| 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? | \$ 5 | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | 1\$5,000 from a single Yes | <u>s</u> |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE | RESPONDING SCHI | EDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO | COMPLETE | |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS | INFORMATION - | - ANSWER <u>BOTH</u> 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? | on Ethics and certain other d? | "excepted trusts" need not be disclosed. Ha | ave you excluded from Yes | □ ₹ |
| EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | income, or liabilities of a spottee on Ethics. | ouse or dependent child because they meet all three tests for | all three tests for Yes | \$ \[\bar{\z}\] |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Glorcatha Scury Smith Page 2

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| I se additional charte if more enace to monitori | Te | 1 | 72 | C | 77 | # | | Ţ | ncome source is that of your spouse (SP) or page and the page of t | f you have a privately-traded fund that is an Excepted rivestment Fund, please check the "EIF" box. | Exclude: Your personal residence, including second tomes and vacation homes (unless there was rental nome during the reporting period); and any financial retest. In, or income derived from, a federal etirement 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. | or rental and other real property held for investment rovide a complete address or description, e.g. rental property," and a city and state. | Ill inderest-bearing accounts, if the total is over \$5,000, list every financial institution where there is note than \$1,000 in interest-bearing accounts. | are 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 | ravide complete names of stocks and mutual runds (do not use only ticker symbols). | uneamed" income during the year | ind (b) | identify (a) each asset held for investment or production of income and with a fair market value | ≥ | |
| ddifficael shoots if man | 25-520 | Our | Stand Conservation | 长山井 | from souse | | Examples: | | soun stiona de des | 3. 5 1. 20 1. 20 | at produce You | hic is the | n per car | 30 64-b | | 57 | | 8 <u>.</u> | ₩ | 3 3 | Assets and/or Income Sources | |
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| 1 | \dashv | | | | | | + | | \$1,000,001-\$5,000,00 | 1 | | | | | _ | | child in which you have no interest. | should be "None." | Po | Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, | 5 | |
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| ŀ | \dashv | | | | $\hat{}$ | × | - | | \$5,001-\$15,000 | | | | | <u>≤</u> | Current Year | | | Column XII is for assets held by your spouse or dependent child in which you have no interest. | capital gains, even if reinvested, must be disclosed unts. Check "None" if no income was samed or generated. | or easets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all the assets indicate the category of income by checking the appropriate box below. Dividends, Inferest | | |
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SCHEDULE C - EARNED INCOME

| Name: Gloreather Scurry- Smith | |
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| Page 3 o | |
| of 4 | |

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 file 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.

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 payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| | l | Am | Amount |
|--|---------------|------------------------|----------------|
| Source (include date of receipt for honoraria) | Туре | Current Year to Filing | Preceding Year |
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$500 |
| Examples: State of Maryland Cod. 2) | Spouse Speech | \$20,000 | \$1,000 |
| Ļ | Spouse Salary | N/A | N/A |
| STATE ATTORNEY OFFICE | Spause-Schery | 53,52000 | 51,000.00 |
| Douglass Laddership Institute | كصامعن | ISO00.00 | Ø |
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SCHEDULE D - LIABILITIES

Name: Groceatha Soury Smith Page 4 of 4

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 are personally liable); and (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 exceeded \$10,000. 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 *Column K is for liabilities held solely by your spouse or dependent child.

| 2 | | | | | , | SP, DC, JT | | |
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| | | | SIM | Sau | Example | | | |
| SCHEDIII E E - BOSITIONS | | | SIM Education Credit | SALLIE Mae Trust LS/ May-or | First Bank of Wilmington, DE | Creditor | | |
| | | FEB 708 | | May-Ole | 5/98 | Date Liability Incurred MO/YR | | |
| | | STUDENT LOW | | Shuden band | 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 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.

| | | Position |
|--|--|----------------------|
| | | Name of Organization |