UNITED STATES HOUSE OF REPRESENTATIVES For New Membe	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: ACQUELY A Z. ATKINSON Daytime Telephone: 760-6	hone: 760-638-1707	2015 JUL -7 PM 1: 55
New Member of or Candidate for State: CA U.S. House of Representatives District: 52 Candidates - Date of Election:	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	STIONS	
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 uneamed income from any reportable asset during the reporting period? A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you spouse, or your dependent child: A. Did you spouse, your spouse, your dependent child: A. Did you spouse, your	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	e date of filing? Yes 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 No reporting period?	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?	or arrangements with Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes No X 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 source in the current year and two prior years?	an \$5,000 from a single Yes No S
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	CHEDULE IF YOU ANSWER "YE! IS THAT YOU ARE REQUIRED TO	S"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	ВОТН	OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts' this report details of such a trust that benefits you, your spouse, or your dependent child?	other "excepted trusts" need not be disclosed. Have you excluded from	lave you excluded from Yes No 🔀
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	or liabilities of a spouse or dependent child because they meet all three	use they meet all three Yes No 🔯

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited Income may apply to you after you are on House payroli. 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 professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. 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 serior stam.	r stam.		
		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000	\$1,000
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AT SO WALLS / PAG	Selary	133,000	133,000