#### 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. 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? IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the 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 exceeding \$1,000 during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: Katherine M. Clark 2013 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period? REPORT TYPE FILER STATUS Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? $\overline{\mathsf{X}}$ × U.S. House of Representatives 2013 Annual (Due: May 15, 2014) Member of or Candidate for District: State: ¥**6**5 ¥es Yes ₩, Yes Daytime Telephone: 202 225 2836 $\times$ $\overline{\times}$ × × ~ Amendment 몽 ş Z 중 Ş For Use by Members, Officers, and Employees F. Did 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? H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the source during the reporting period? Form A **Employee** Officer or **Employing Office** Termination Date: DELI U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2014 AUG 12 PM 4: 18 HAND Page 1 of 22 Office Use Only) Yes Yes ¥95 Yes Yes ¥es **Yes** Z Ţ ş 중 Z 풓 ş

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Name: Kostherine M Clork

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Name: Kashonne In Clark Page 12 of 22

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Exchange	Type of Transaction
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Name: Kadherme M. Clark Page | 3 of 22

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Name: Kosherine M. Clark Page 14 of 22

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	Time Warner Calole Stock	×					61413		×									
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Name: Kashenne W. Clark Page 15 of 22

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	T	Type of Transaction				Date				₽	Amount of		Transaction	3			
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Name: Kathenne X Clark Page 10 of 22

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Name: Kasherine W. Clark Page | 7 of 22

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#### SCHEDULE C - EARNED INCOME

Name: Kashanne W. Clark Page 18 of 22

List the source, type, and amount of eamed 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 a spouse, list the source and amount of any honoraria; list only the source for other spouse eamed 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: The 2013 limit on outside earned income for Members and employees compensated at or above types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	nsated at or above the "senior staff" rate a totally prohibited.	at or above the "senior staff" rate was \$26,955. In addition, certain y prohibited.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War (Cr. 2) Chill War County Board of Education	Spouse Speech	\$1,000 N/A
		10200
COMMONWEATH OF ALIVE	50.00	100107
lawyers Concerned for Lawyers	spouse salary	Z
Concord law School	spouse solary	D/A
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#### SCHEDULE D - LIABILITIES

Name: Kashanne W. Clark Page 19 09 22

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. 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 reporting period exceeded \$10,000. you by a spouse or the child, parent, or sibling of you or your spouse. \*Column K is for liabilities held solely by your spouse or dependent child.

						Σ α		
						sp, DC. Л		
			_	N/A	Example			
				/A	First Bank of Wilmington, DE	Creditor		
		٠			5/98	Date Liability Incurred MO/YR		
					Mortgage on Rentel Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000	≻	
						\$15,001- \$50,000	В	
						\$50,001- \$100,000	6	
					×	\$100,001- \$250,000	0	
						\$250,001- \$500,000	m	Amount of Liability
						\$500,001- \$1,000,000	71	t of Lia
						\$1,000,001- \$5,000,000	G	bility
:						\$5,000,001- \$25,000,000	<b>*</b>	
						\$25,000,001- \$50,000,000	-	
						Over \$50,000,000	٠	
						Over \$1,000,000* (Spouse/DC Liability)	*	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position	Name of Organization
Coromater	The Soungs Bank (wakefield, MA)
Pooled Wember	COMMASS BOSTON CENTER FOR INDIMEN IN POLITICS and Public Policy (MA)
Adursory Council	Department of Sarly Souscotion and Care (MIA)

#### SCHEDULE F - AGREEMENTS

Name: Katherine M. Clark Page 20 of 22

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.

N/A	Date	Parties to Agreement	Terms of Agreement
		W/N	

#### **SCHEDULE G - GIFTS**

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
7	Z A		

# **SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS**

Name:
Kartherne W. Clark
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE**: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Cierk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

								схатрюс	,	
						-	NA	Habited for Humanity (charity fundralser)	Government of China (MECEA)	Source
								Mar. 3-4	Aug. 6-11	Date(s)
								DC-Bastan-DC	DC-Bajing, China - DC	City of Departure – Destination —— City of Return
								Y	γ	Lodging? (Y/N)
								۲	٧ .	Food? (Y/N)
								٧	*	Family Member Included? (Y/N)

# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	
Katherine	
Katherine M. Clark	
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ist the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	sor of an event to a charitable organ	nization in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Association of American Associations, Washington, DC  XYZ Magazine	Speech Article	Feb, 2, 2013 Aug. 13, 2013	\$2,000 \$500
Z/R			