		DCT 31 2014
UNITED STATES HOUSE OF REPRESENTATIVES For New Members,	FORM B For New Members, Candidates, and New Employees	2014 NOV -6 PM 12: 42
Name Tinde D. THEM RSEN Daytime Telephone:)ne:	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: 14 U.S. House of Representatives District: 4th Candidates - Date of Election: 1/- 4-14	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Covered: Jeruery 1.2013	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	TONS	
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 unearmed income from any reportable 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 filling?	ring the reporting period Yes X No
C. Did you or your spouse have "samed" income (e.g., saleries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X No reporting period?	F. Do you have any reportable agreements or arrangements with an outside entity?	or arrangements with Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes No X No X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	van \$5,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRE	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO ("YES" D TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	- ANSWER <u>BOTH</u> OF THES	SE 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?	r "excepted trusts" need not be disclosed. H	Have you excluded from Yes 🔲 No 🔀
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child tests for exemption? Do not enswer "yes" unless you have first consulted with the Committee on Ethics.	sbillties of a spouse or dependent child beca	because they meet all three Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

			1// Corporate	da U.	/MOM/	MAGG		
BLOCK A	2	BLOCK B	BLOCK C	4		里	BLOCK D	
Assets and/or Income Sources	Value	Value of Asset	Type of Income			Amoun	Amount of Income	
each asset held for investment or	5	of asset at close of the reporting period.		a I	de for which you chec	ě	d" in Black C, you may	check the "None" or
on of income and with a fair market valuely ng \$1,000 at the end of the reporting period p	you use a valuation method of cleans appeally the method used.	d offer Been feit mertet value med.	401(k), RA, 529 accounts), you may check		is indicate the categ		. 4	to box below. Divide
than \$200 m	an asset was sold durit	asset was sold during the suporting period and is led only because it generated income, the value		Treat Sections	. Check "None" If no	income was semed i	or generated.	
	hould be "None."	,		Column X	Cil is for assets held i	Column XII is for assets held by your spouse or dependent child in which you have no inte	pendent child in whit	h you have no interes
do not use only ticker symbols).	hald in which you have no t	"Column is it for execut head by your spouse or dependen child in which you have no interest.	income during the reporting period.	3				
or all IVAs and other religionant plans (such as O(R) plans) provide the value for each asset hald be								
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for bank and other cash accounts, total the amount in themsel-bearing accounts. If the total is over	> c	6 I - - - - -			W V N	N X		V V W W W
rore then \$1,000 in interset basing accounts.								
or rental and other real property held for investment, rowde a complete address or description, e.g.,								
rentel property," and a city and state.		. –		orne)				
or an ownership interest in a privately-hald business had a not publicly landed, state the name of the uninees, the name of its activities, and its property business.				or Farm Inc			_	
				201710	_			
mee and vacable homes (when they was rental come during the reporting period); and any financial areast in, or income derived from, a factorial				arinership in				
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you have a privately-inded fund that is an Excapted vestment Fund, please check the "EJF" box.				pacify: e				
f you so choose, you may indicate that an asset or rooms source is that of your spouse (SP) or spandant child (DC), or jointly hald with anyone (JT),	-090 0,000	,200,800 is,000,000 i25,000,000 @50,000,00	JACS BLJIND TREJ				\$1,000,000°	
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for a detailed discussion of Schedule A equirements, please refer to the instruction booklet.	\$1-\$1,00 \$1,001-4 \$15,001 \$20,001 \$100,00	\$5,900,6 \$25,000 Over \$5	NONE DIVIDEN RENT INTERE CAPITAL		12,500 15,500 115,000	1-\$1,000,000 01-\$5,000,000 000,000	,000	119,000 800,000 8100,000
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PA State Employers		*		None	\$1,001-82,000 × \$2,001-85,000 × \$5,001-819,000	\$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000	None \$1-8200 × \$201-81,000	× \$6,001-\$19,000 × \$15,001-\$20,000 \$20,001-\$100,000
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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

marinda D. THOMASHU PAGE 4 of 7

EXCLUDE: Milliany pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. 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.

PROCEET LIBITS and PROHIBITED INCOME: The 2013 limit on outside served income for Members and employees compensated at or above the "service staff rate was \$26,955. It is unchanged in 2014. 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 service staff. Amount	Inbers and employees compensational services involving a fidu	eed at or above the "serior stain" is clary relationship) are totally prohibit Ann	te was szo, you. It is unchanged in led for Members and senior staff.
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
_	Heneratum	30	\$50Q
EXAM I (DIRES: Civil Water Roundhable, Richmond, VA (Oct. 2) Contario County Bused of Education	Spouse Speech Spouse Salary	₹8	\$1,000 ANA
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I Rightship Moshoot Church - York Pa	720	17500	
M+ Calvary Missimony Baptist Chand	Feo	20000	

SCHEDULE D - LIABILITIES

Name: M.M.D.D.M.D.D.M. Page of 7

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 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.

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5. J.	Creditor	Date Liability Incurred NO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000 m	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000 -	Over \$1,000,000° (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	\$ 98	Montgage on Rental Property, Dover, DE				×							
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, flustee of an organization, pather, proprietor, representative, employee, or consultant of any corporation, film, parthership, 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, 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. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Position Name of Organization
Brack Member	to State farm snow Band - PRIOR
	Capital Region Est pamic Development Confication Philips
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SCHEDULE F - AGREEMENTS

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identity the de continuation o	to, parties to, and general terms of any agreement or arrangement that you have defenral of payments by a former or current employer other than the U.S. gow	identity 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.
Date	Parties to Agreement	Terms of Agreement
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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 clents 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 link. Do not repeat information fielded on Schedule C.

Source (Na	Source (Name and City/State)	Brief Description of Duties
Exemple: Doe Jone	Doe Jones & Smith, Hometown, Homestate	Accounting Services
N	N/A	
,		

Minda D. Trompson
Page 2 of 2

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