UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and	FORM B andidates, and New Employees	Page 1 of
Name: Shouttel Krebs	Daytime Telephone:	9.	2017 JUN 22 PM 1: 18
New Member of or Candidate for State: U.S. House of Representatives District: Candidates - Date of Election:	Sowth like Kote	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Employing Office:		Period Covered: January 1, 2016 to 6-14-17	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIC	SNS	
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?	No E. I	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes X No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No F. I	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?	r arrangement with an Yes No No
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?	No J.C	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	rs? No Irom a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ESPONDING SCHE	DULE IF YOU ANSWER "YES" HAT YOU ARE REQUIRED TO	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION -	ANSWER <u>BOTH</u> OF THESE QUESTIONS	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?	on Ethics and certain other "e	xcepted trusts" need not be disclosed. H	lave you excluded from Yes 🔲 No 💢
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, 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.	ncome, or liabilities of a spou	ise or dependent child because they meet	t all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer	Name: Shartal Keebs
reporting period.	Pageof
For both the filer	1 6

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 professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. 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 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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	1	Am	Amount
Source (include date of receipt for nonorana)	Туре	Current Year to Filing	Preceding Year
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Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
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SCHEDULE D - LIABILITIES

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	Name:	Page 5 of 6
porting period by	sporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	nount owed during the reporting
real property inc	real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	rtgage on your personal residence
d furniture, or ap	d furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	ess you are personally liable); and

exceeded \$10,000. (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 period. New Members: Members are required to report all liabilities secured by Report liabilities of over \$10,000 owed to any one creditor at any time during the re *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor First Bank of Wilmington, DE	Date Liability Incurred MO/YR	Type of Liability Mortgage on Rental Property, Dover, DE	\$15,001-	\$15,001- \$50,000	\$15,001- \$50,000 \$50,000 \$100,001- \$250,000	\$15,001- \$50,000 \$50,000 \$100,001- \$250,000	\$15,001- \$50,000 \$50,000 \$100,001- \$250,000	\$15,001- \$50,000 \$50,001- \$250,000 \$500,001- \$1,000,000	\$15,001- \$50,000 \$100,001- \$250,000 \$500,001- \$1,000,000	\$15,001- \$50,000 \$100,001- \$250,000 \$500,001- \$1,000,000 \$5,000,001- \$5,000,001- \$250,0001- \$1,000,000
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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.

the current calendar year. First-year candidates and new	the culterit caterial year. First-year candidates and new emphysees report positions before the culterit caterial year and two previous years.
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			Date	Identify the date, parties continuation or deferral or	SCHEDULE F -
		NA	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	SCHEDULE F – AGREEMENTS
		NA	Terms of Agreement	ve with respect to: future employment; a leave of absence during the period of government service; ernment; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: Shartel Krebs
				iod of government service; in maintained by a former employer.	Page of 6

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
	Old Gines Quality On A	Consulting

FILER NOTES (Optional)

Name: ļ Ģ

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