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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	MAY 23 2016
Name: Diana Kastenbaum	Daytime Telephone:	2016 MAY 26 AM 11: 00
New Member of or Candidate for State: 15.  U.S. House of Representatives District: 27.  Candidates – Date of Election: 6-28-16.	Check if Amendment	Obstacle of REPRESEALTRYS (Office Use Only)
STATUS  New Officer or Employee  Employing Office:	Period Covered: January 1, 2015 to May 15, 2016	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	THESE QUESTIONS	
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?	No  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 No date of filing?
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 No Pr. 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?	the current calendar Yes 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. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a single Yes No
ATTACH THE CORF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	INFORMATION - ANSWER BOTH 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?	n Ethics and certain other "excepted trusts" need not be disclosed. Ha	ve you excluded from Yes No X
<b>EXEMPTION</b> Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, or liabilities of a spouse or dependent child because they meet all three tests for tee on Ethics.	all three tests for Yes No

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. or a detailed discussion of Schedule equirements, please refer to the instruction booklet. For rental and other real property held for investment provide a complete address or description, e.g. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is Provide complete names of stocks and mutual funds do not use only ticker symbols). or an ownership interest in a privately-held busines rovide a complete address or or rental property," and a city and state. roduction of income and with a rain market value acceeding \$1,000 at the end of the reporting period. the optional column on the far left. xclude: Your personal residence, including secon nore than \$1,000 in interest-bearing accounts. ě you have a privately-traded fund that is an Excepte westment Fund, please check the "EIF" box. strement program, including the Thrift Savings Plan. come during the reporting period); and any financia terest in, or income derived from, a federa ineamed" income during the year. lentify (a) pendent child (DC), or jointly held with anyone ₽, Pinnacle Manutactump (b) any other reportable asset Manutacturer Batavially Assets and/or Income Sources so choose, you may indicate that an asset is source is that of your spouse (SP) First Neacura Beak not publicly traded. and vacation homes (unless there was COMPLAY Scorp income each asset blidy traded, state the name nature of its activities, a Simon & Schuster ABC Hedge Fund Wega Corp Stock BLOCK A and with a fair market value HOTE for investment man or source \$200 and of 쯖 × If an asset was sold during the reporting period included only because it generated income, the Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, None \*Column M is for assets held by your spouse or depender child in which you have no interest. please specify the method used. hould be "None." \$1-\$1,000 œ \$1,001-\$15,000 o \$15,001-\$50-000 0 × \$50,001-\$100,000 m Value of Asset \* \$100,001-\$250,000 m BLOCK B \$250,001-\$500,000 G \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \_ \$5,000,001-\$25,000,000 • \$25,000,001-\$50,000,000  $\overline{\phantom{a}}$ Over \$50,000,000 \_ and ¥aļ Spouse/DC Asset over \$1,000,000\* Z Check the lax-works gains, Dividends, interest, and capital gains, own if reinvested, must be disclosed as that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "ax-Deferred" column. Check all columns that apply. For accounts NONE even if reinvested, must income for assets h DIVIDENDS × REMI 3 Type of Income income during the reporti INTEREST BLOCK C **CAPITAL GAINS** hekd in EXCEPTED/BLIND TRUST TAX-DEFERRED the asse Partnership Income taxabl Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. other assets indicate the category of income by checking the appropriate box below. Dividends, if and capital gains, even if reinvested, must be disclosed as income for assets held in accounts. Check "None" if no income was earned or generated. Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 = \$201-\$1,000 = ₹ \$1,001-\$2,500 \$2,501-\$5,000 ٧ **Current Year** ≤ \$5,001-\$15,000 × ≦ \$15,001-\$50,000 ≦ × \$50,001-\$100,000 \$100,000,1\$1,000,000 ⋝ \$1,000,001-\$5,000,000 × Amount of Income Over \$5,000,000 × BLOCK D Spouse/DC Income over \$1,000,000\* ¥ \$1-\$200 = \$201-\$1,000 # × \$1,001-\$2,500 ₹ Preceding Year < \$2,501-\$5,000 \$5,001-\$15,000 ≤ ≨ \$15,001-\$50,000 × ≦ Dividends, intere \$100,001-\$1,000,000 Z \$1,000,001-\$5,000,000 × Over \$5,000,000 Ճ Spouse/DC Income over \$1,000,000 ×

Use additional sheets if more space is required

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Dava Kastenbaum

Page 3

### **SCHEDULE C - EARNED INCOME**

Name: Diana Kasten baum Page 4 of 6

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.

**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: 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.

Source (include date of receipt for honoraria)	Type	l .	Amount
סימו כי (ווימימים משנים מון פרפוףר ומו ווימומים ושוים)	- ypa	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	<b>\$</b> 500
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Salary Spoise Speech	\$20,000 \$0	\$76,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
Dianale Ministrations Comments Ration 14	Salara	In Uto	75000
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CBATL LAC	Compensation	NA	Alu
CDE Consents Coulling	Commentin	1/14	
	Con Market 1001		17/11
Standing Oration	Per formunce	MA	W/A
Pinnacle Manufacturing Compuny	Compacation	NA	WA
HPL Communications Inc.	Commutation	NA	NA
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#### SCHEDULE D - LIABILITIES

Name: Diare Masten baum

Page 5 of 6

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 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.

Date   Date   Liability   Type of Liability									
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Date Liability Incurred MON'R  NOTE  13/14  Equipment lown glavanty  11/15  11/15  11/15  11/15  11/15  11/15  Equipment lown glavanty  11/15  1	ゴス	Wells	Hote	Fist N	CUC AS	Example	,	***	
Type of Liability   Type of Liability   Type of Liability	Acceptance Corp	Fargo J	X Tonding	locare Boyle	sociales, Inc.	First Bank of Wilmington, DE	Creditor		
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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.

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		President and director	Position	Callett Caletta year Hist-year Callaidates and her
		Pinnacle Manufacturing Company Inc.	Name of Organization	tie validit valeinal year i ilistyda validitata din iliam dilipholysad iepot postatis ileta ili ile validita valeina postad yeare.

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			Date	Identify the date, parties to, an continuation or deferral of payr	SCHEDULE F – AGREEMENTS
		NIA	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employme continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation	REEMENTS
			Terms of Agreement	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.	Name: Diane Kosten buum Page 6
				it service; 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
H/N	