APR 10 2018

LEGISLATIVE RESOURCE CENTERGO 1 of 7 18 18 APR 18 PM 1: 23	U.S. NOULE OF AEP ACOLAIM INEC	(Office Use Only)	Period Covered: January 1, 2017 A \$200 penalty shall be assessed against any to Mqrch 31, 2018. Individual who files more than 30 days late.
FORM B For New Members, Candidates, and New Employees	w.	Check If Amendment	Period Covered: January 1, 2017 to Mq rc h 3', 20/8
	Daytime Telephone	5 2018	Staff Filer Type (if Applicable): Shared Principal Assistant
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	Pearl Kin	New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates Date of Election: MAY / S	New Officer or Employee Staff Employing Office: Sharr
UNITED S	Name:	FILER	STATUS

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

Yes No	Yes No	Yes No No	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	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?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE
Yes No	Yes No	Yes No Sey	ORRESPONDING SOILY THE SCHEDULE
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. Receive more than \$200 in unsamed income from any reportable asset 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 reporting period?	D. Did you, your spouse, or your dependent child have any reportable itability (more than \$10,000) at any point during the reporting period?	ATTACH THE C THIS FORM INCLUDES ON

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

d. Have you excluded Yes No 🔀	meet all three tests for Yes No
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?	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.

### SCHEDULE A – ASSETS & "UNEARNED INCOME"

Page 2 of

Pearl Kin

Name:

BLOCK D	Amount of Income	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividentle, tursrest, and capital gains, even if reinvested, must be diactosed as income for assets held in turnble accounts. Check "None" if no income was earned or generated.  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.		receding Yea	N					000, 000,25; 000,28; 000,08; 000,08; 000,000; 000,000;	0,000,12 1,000,012 1,000,012 1,000,012 1,000,012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00,0012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,00012 1,0	×	×	×	×	×	×	×	
BLOCK C	Type of Income	Check all columns that apply. For excounts For assets for which you checked Tex-Deferred in B that generals bax-deferred income (such as assets inclicate the category of income by checking 401(t), IRA, or 529 accounts), you may check capital gaine, even if reinvested, must be discipationally and capital gains, and capital gains, even if reinvested, must be discipated as income *Column XII is for assets held in cable accounts. Check thora' if the asset generated no income during the reporting period.		Current Year	5 > 2 = -	(eux	confirmed to am	cost qifaserbeq.		12'000 2'200 000 000 000 000 000 EERRED EDWEIND LIGHE	-80-XAT	×	Royalder	X dytasatied	×	X	×	×	X
BLOCK B	Value of Asset	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."  Column M is for assets held by your spouse or dependent child in which you have no interest.		1 1 C C C C C C C C C C C C C C C C C C						000,001 000,003 000,003 000,000,88-10 000,000,88-10 000,000,88-10 000,000,88-10	-100,025\$ -100,000\$ -00,000,1\$ -00,000,25\$ -0,000,25\$ -0,000,25\$	>	wildeland.	×	×	×	X	×	×
BLOCKA	Assets and/or Income Sources	Identify (a) each asset held for Investment ortitionated on the control of the co	For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in	the exactify that exceeds the reporting integrands.	For bank and other cash accounts, total the enrount in all Interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in Interest-bearing accounts.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	Exclude: Your personal residence, including second homes and vacation homes (unless there was renta income during the reporting period); and any financial sintenest in, or income derived from, a factoral resirement program, including the Thriff Sevings Plan.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		Mega Corp Stock	Examples:	Wells Forman CAK	Parao	Tech Inc	1110	

Use additional sheets if more space is required.

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Name: Pearl Kin

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 are personally liable); and (unless you can 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. 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

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		Over \$1,000,000* (Spouse/DC Liability)					
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exceed #10,000.			Example				
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#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partners 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 hororary 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 the current calendar year.

Position	Name of Organization
	See attached list (Page 9 of 9)

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SCHEDU	SCHEDULE r - AGREEMENIS	Name: Dear/ Kim Page 2 of 9	
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Identify the di continuation of employer.	ate, parties to, and general terms of any agreement or arrangement that you have or deferral of payments by a former or current employer other than the U.S. gover	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; continuition 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	
<i>ph/8</i>	Myself and County of Delaware	County Pension	
8/44	Muse IF and Comm. of Pennsylvania	State Pension	

## 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. **Brief Description of Duties** Accounting Services Doe Jones & Smith, Hometown, Homestate Source (Name and City/State) Example:

Use additional sheets if more space is required.

FILER NOTES (Optional)

Name: Pearl Kim

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Originally Filed Financial Disclosure Statement 1s being amended to include "Schodule E- Positions" information. NOTES NOTE NUMBER

#### PROFESSIONAL AFFILIATIONS

2016 - 2017	Radnor Township GOP Committee Woman
2008 - Present	Asian Pacific American Bar Association of Pennsylvania, Philadelphia, PA Executive Committee Member, Community Outreach Committee
2015 - Present	Interpreter Services Committee, PA The Pennsylvania Interbranch Commission for Gender, Racial, and Ethnic Fairness
2015- Present	Women's Commission of Delaware County, PA
7102-2102	Language Access Advisory Group for AOPC, Harrisburg, PA Working Group Member
7102-3102	Pennsylvania Commission on Crime and Delinquency, Harrisburg, PA Criminal Justice Advisory Committee