UNITED STATES HOUSE OF REPRESENTATIVES		FORM B		Page 1 of
Name: KaisTine M. Bonos D	Daytime Telephone:	10ne:	18 APR	18 APR 25 PM 1:01
New Member of or Candidate for State: ME  U.S. House of Representatives District: 1/11/6  Candidates – Date of Election: 1/-6-2017	11-1-8-1-18	Check if Amendment	U.S. HOUSE OF Office U	U.S. HOUSE OF REPRESENTATIVES  (Office Use Only)
New Officer or Employee  Employing Office:	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.	assessed against any re than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	THESE QUEST	TIONS		
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 unearned 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 gh the date of filing?	es 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?	₹ 	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?	arrangement with an Yes the current calendar	No V
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 Yes	**
ATTACH THE CORRESPONDING SCHEDULE IF YOU	SPONDING SCH	HEDULE IF YOU ANSWER "YES"	i i	
THIS FORM INCLUDES ONLY THE SCHEDULES	E SCHEDULES	THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	NFORMATION	I - ANSWER <u>BOTH</u> OF THESE QUESTIONS	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 ot	ther "excepted trusts" need not be disclosed. I	łave you excluded Yes	No I
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.	come, or liabilities of a ee on Ethics.	a spouse or dependent child because they mee	et all three tests for Yes	No No
				,

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: KRISTINE M. BONDS Page

40 ((k))  We additional sheets if more space is required	DANK of HARRICA	CATIFORMA CHICKY	Smik of America ?	ABC Hedge Fynd X	Examples:	SP. EJF DC, Mega Corp Stock	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 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 vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings 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.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).	BLOCK A  Assets and/or Income Sources
X	*		*	×	Indefinite	×	None         >           \$1-\$1,000         ∞           \$1,001-\$15,000         ○           \$15,001-\$50-000         ○           \$50,001-\$100,000         m           \$100,001-\$250,000         ¬           \$250,001-\$500,000         ○           \$500,001-\$1,000,000         □           \$1,000,001-\$25,000,000         □           \$5,000,001-\$25,000,000         □           \$25,000,001-\$50,000,000         □           \$50,000,001-\$25,000,000         □           \$50,000,001-\$25,000,000         □           \$50,000,001-\$25,000,000         □           \$50,000,001-\$25,000,000         □           \$50,000,001-\$25,000,000         □           \$50,000,001-\$25,000,000         □		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.	BLOCK B Value of Asset
	~	2	*	Partnership Income	Royaties	×	NONE DIVIDENDS  RENT INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	-	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Divideneta, interest, and capital galins, even if relivested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	BLOCK C  Type of Income
<b>X</b>	*		×	×	×	× ×	None		For assets for which you checked "Tax-Dassets indicate the category of income the capital gains, even if reinvested, must check "None" if no income was earned of "Column XII is for assets held by your sp	BLOCK D  Amount of Income

## SCHEDULE C - EARNED INCOME

Name: KNISTINE M BINDS Page 9

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. 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 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Examples: RADION 4 4 SQUARE Source (include date of receipt for honoraria) ion, Beitimore, MD (July 15) New York NY SAN FRANCISCO ( SALAM SALARY Honorarium Salary Spouse Speech Spouse Salary Type **Current Year to Filing** 20,000 \$20,000 \$0 N/A **Amount** 130,000 150,00 Preceding Year \$76,000 \$1,000

#### **SCHEDULE D - LIABILITIES**

Name: KRISTING M. RONOS Page\_ 잌

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.

			,		sp. DC, JT		
				Example			
		MA	./.	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
		•			\$15,001- \$50,000	σ,	
					\$50,001- \$100,000	n	
				×	\$100,001- \$250,000	Ð	Ĺ
					\$250,001- \$500,000	т	Amount of Liability
					\$500,001- \$1,000,000	71	t of Li
					\$1,000,001- \$5,000,000	6	ability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	-	
					Over \$1,000,000* (Spouse/DC Liability)	×	

#### **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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			NIA	Position	
			NIN	Name of Organization	The state of the s

### SCHEDULE F - AGREEMENTS

Name: KRISTIAE Benos Page 9

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. Date Parties to Agreement Terms of Agreement

# 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.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
+W	$\mathcal{M}_{+}$
HUND	
SM/WATMENT	INT SEC PAIRPULE C