| UNITED STATES HOUSE OF REPRESENTATIVES FOR N | lew Members, C | FORM B For New Members, Candidates, and New Employees | Page 1 of 6 |
|--|---|---|--|
| Name: MINI WALTERS Dayti | me Telepho | Daytime Telephone: 202 - 375-56// | Action of the Internation of the |
| New Member of or Candidate for State: CH U.S. House of Representatives District: 44 Candidates - Date of Election: 11 - 4 - 14 | | Check if Amendment | (Office Use Only) |
| New Officer or Employee Staff Filer Ty Employing Office: Shared | pe (# Applicable): Principal Assistant | Period Covered: January 1, 2013 to AAAY 15, 2014 | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS | SE QUESTIO | SNO | |
| 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 the reportable income from any reportable asset during the reporting period? | No. | E. Did you hald any reportable positions during the reporting period or in the current calendar year up through the date of filing? | ng the reporting Yes No |
| C. Did you or your spouse have "earned" income (o.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X 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? | r arrangement with an Yes No No |
| D. Did you, your spouse, or your dependent child have any reportable Yes X lishility (more than \$10,000) at any point during the reporting period? | No Si r | J. Old you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | an \$5,000 from a Yes No |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU ANS THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REC | ONDING SCHE | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO | WER "YES" JUIRED TO COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH | DRMATION - | | OF THESE QUESTIONS |
| TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not from this report details of such a linest that benefits you, your spouse, or dependent child? | ics and certain other? | | be disclosed. Have you excluded Yes No |
| EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or fiabilities 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. | , or habilities of a sp Ethics. | pouse or dependent child because they me | eet all Uwee tests for Yes 🔲 No 🔀 |
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MINII WALTERS

Page ____ of __

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| AMERICA . | -CARNOTH FUND of | INVESTORS | FUNDAMENTAL | MIERICAN FUND | ABC lacks of Ad | Framper: | SP (Lings Carp Sect. | For a debahod discussion of Schadule A requiremental phoase refer to the instruction booket. | If you so choose, you may makeate that an awast or meaning source is that or your spouse (SP) or depochemicalled (ICI), or sharily hade with anyone (JT), in the optional column on the far tail. | If you have a privately-traded fund that is an Excepted investment Fund, phoses official the "Eff" you. | income during the repreting period; and any financial privinest in, or imcome observed from a federal reherment program including the Theiri Sevengs Phan | Exclude: Your personal residence, avoluting second momes and vocation homes (unless there was rental | For an outcombin invest in a privately-half interess that is not publicly backet, state the name of the business. We make of the acceptant, and its properties to astern in Block A. | For restables of other real projectly held for investment, provide a complete address or description e.g., rentablemperly," and a city and state. | indicessharing arounds, it is beda is over \$5,000. But every francial institution where there is more than \$1,000 in wiscost-bearing accounts. | the account that exceeds the reporting directories. | For all than and other refinement plans (outh as 401K) plans provide the value for both asset held in | Trovide complete remas of stocks and mustal hinds (do not use only licher symbols). | during the year. | poweroum, at this, we are sum present the presence of the pre- control to control to passe applicated stage for the pre- ton set forwards tun to this say to their to be made no | chandly (a) each asset held for investment or production of accome and with a fair market value | Assets and/or income Sources | BLOCK A |
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| × | | X | | | Parkershi | P. Alas | × | TAX-DEF | GAINS COSREC | | g, Parinersh | nip incol | me at Form inc | ome) | | | | "Norm" if the asset generated no income curing the reporting period. | ted, must be disc its bold in basable | (B)(R), RA, o 529 szcounts), you may check the Tax-Deferred column. Dividends, internat and contact gains even if | Check all columns that apply. For accounts that generate tax-deferred income (such as | Type of Income | BLOCK C |
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Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: KIMI LUALTERS

Page 3

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MINII WALTERS

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SCHEDULE C - EARNED INCOME

| Name: MINI WALTERS | |
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| Page 5 of 6 | |

List the source, type, and amount of named 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.

| processional services involving a involving relations up) are rolarly providing for members and services than | or stant. | | |
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SCHEDULE D - LIABILITIES

| sporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting property including montgages on their personal residence. Exclude. Any mortgage on your personal residence is sufficient to the personal residence of a highest statement of the personal residence. | N. |
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| ar spouse, or your deper ortgages on their person | Name: KIMI WALTERS |
| endent child. Mark the | WALTEX |
| highest amount over | 1 |
| sporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence. | Page 6 of 6 |
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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 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 reperiod. New Members: Members are required to report all liabilities secured by including the research of the control
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| SP. DC.JT | | Creditor | Liability Incurred MO/YR | Type of Liability | \$10,001- \$15,000 | \$15,001- \$50,000 | \$50,001- \$100,000 | \$100,001- \$250,000 | \$250,001- \$600,000 | \$500,001- \$1,000,000 | \$1,000,001~ \$6,000,000 | \$5,000,005- \$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 | 598 | Mortgage on Rental Property, Dover, DE | | | | × | | | | | | | |
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| SCHE | | SCHEDULE E - POSITIONS | | | | | | | | | | | | | |

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, frategnat, 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.

| | | M/M | Position |
|--|--|-----|----------------------|
| | | | Name of Organization |