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UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	FEB 0 1 2017	Page 1 of 🖔
FINANCIAL DISCLOSURE STATEMENT	lew Members,	For New Members, Candidates, and New Employees	LEGIZLATIVE SOUSCE	
Name: DR. MARCIA KAREN ABANUS, PUD Daytime Telephone:	me Telepho	·	2017 FEB -7 AM 11:54	ŧ.
New Member of or Candidate for State: NC U.S. House of Representatives District: 2 Candidates – Date of Election:		Check if Amendment	I.S. HOUSE OF REPRESENTATIVES (Office Use Only)	nly)
STATUS New Officer or Employee Employing Office:		Period Covered: January 1, 2016 to 144 15, 2017	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	sed against any า 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	ESE QUEST	IONS		
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. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes	No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	8	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?	arrangement with an Yes	8
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?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	s? Yes	No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU. THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ONDING SCH	IEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	ORMATION	- ANSWER <u>BOTH</u> OF THESE	E 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?	s and certain other	r "excepted trusts" need not be disclosed. Ha	ave you excluded from Yes	ž N
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	or liabilities of a sp thics.	xouse or dependent child because they meet all three tests for	all three tests for Yes	No N

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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	Name: DR. MARCIA KAREN ABRAMS POP Page 2 of_	
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						Examples:			For rential and other convided a complete provided a complete from the front and property, and that is not publicly ususiness, the na geographic location ageographic location come during the relationess and vacation the control of	tterest-bearing)0, list every than \$1,000 in	ank and other	(do not use only ticker symbols). For all IRAs and other retirer of the provide the value of the provide the value of the provide the prov	de commolete n	ne which generated amed" income during the	dentity (a) each woduction of incon exceeding \$1,000 a and (b) any other	Assets and	
					ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	1	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 rental income during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income derived from, a federal 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 in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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.	ure account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in	(do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(K) plans) provide the value for each asset held in the account that averaged the account that averaged the account that averaged the	Provide complete names of stocks and mutual funds	income which generated more than \$200 "uneamed" income during the year.	with a fair market val of the reporting perion	Assets and/or Income Sources	BLOCK A
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	ļ					_			\$1,001-\$2,500	Ζ.			į	XII is for assets held by your spouse or dependent child in which you have no interest	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column often assets indicate the category of income by checking the appropriate box below. Dividends, and capital gains, even if reinvested, must be disclosed as income for assets held in accounts. Check "None" if no income was semed or generated.		
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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: DR. MARCIA	
KAREN	
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SCHEDULE C - EARNED INCOME

	Name:
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	DR.MARCI
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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.	ncome may apply to you after you limit is \$27,495. In addition, cert rstaff.	ertain types of income (notably honorar	The 2015 limit on outside earned income for by honoraria, director's fees, and payments for
		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$00,000	\$500
EXamples: Civil War Roundtable (Oct. 2) Chil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
			#
MY KING'S BERVICE FENTECOSTAL CHURCH OF GOLD, INC.	SACARCY	201000	15,000

SCHEDULE D - LIABILITIES

Name: DR. MARCIA KAREN ARRANG, PED Page 5 of 8

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 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 periodic 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 *Column K is for liabilities held solely by your spouse or dependent child.

		SP, DC, JT	e	
LINDS KT A	Example			
RIL UND, HOUSES, KARROWOTI ASSET	First Bank of Wilmington, DE	Creditor		
W 8				
	5/98	Date Liability Incurred MO/YR		
BIFT TO CHURCH MY KINGSBOWNE X	Mortgage on Rental Property, Dover, DE	Type of Liability		
T, MONEIGNAGE	roperty, Dover, DE	Liability		
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		Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. 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 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

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SCHEDULE F - AGREEMENTS

Name: DR. MARCIA
KAREN ABRAMS,
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continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in a	ldentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, :	
government; or continui	have with respect to: fu	
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Date	Parties to Agreement	Terms of Agreement
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	MI KING'S SERVICE PENTECOSTAL CHURCH BEGIN	MI KINIC'S SERVICE PENTECOSTAL CHURCH OF GOD CHURCH OF GOD, INC IN 2016 SUM TOTAL RECEIVED
		\$13,500 of WHICH \$2,000 WAS EMBMITTED BACK
		TO LINDSAM BERNARD WAS BANK CERTIFIED FUND, FOR
		PRESECT "GOD'S BIRTHDAY CELEBRATION GALA, RECOGNITION
		HONDREE, ANDINITING SEPULICE" FOR SEPT-OCTOBER 6-10,2016

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.

government and any information considered confidential as a result of a	government and any minimaton commented as a result of a privinged relationship recignized by law. To the repeat minimaton issued on scriedure co
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
LINDSKY BERNARD WALLACE	E-TRIEDE PHYLICHT LIADE DIRECTLY TO MANY FEDERAL CIRCUIT.

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CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

	The Honorable Karen L. Haas, Clerk										
	Office of the Clerk, U.S. House of Representatives Legislative Resource Center	0.1									
	Legislative Resource Center	131									
	135 Cannon House Office Building										
	Washington, DC 20515-6601	त्रों भूर									
		(C)									
ndicate Your Status: Select One)	Dear Madam Clerk:	TO BORDS BALLY TSIDE									
	This is to notify you that I have not yet raised (either through contributions or loans from mys	self									
X Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.										
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial										
	Disclosure Statement with the Clerk of the House of Representatives according to the deadlines										
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been										
	provided to me by the Clerk.										
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	This is to notify you that under the laws of the state of	,									
Withdrawal	I withdrew my candidacy for the U.S. House of Representatives on	<u>_</u> .									
of Candidacy	[Note: If your Financial Disclosure Statement was due before the date on which you withdrew										
	from the race, you still must file a Financial Disclosure Statement with the House.]										
	L										
	Name (Please Print or Type): DR. MARCIA KAREN ABRAMS										
	State: NORTH CAROLINA District: 2										
	Date: _01/30/2017										

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

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