UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	<b>FORM B</b> For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Erika Shalls Pearson	Daytime Telephone:_	18 OCT 24 PM 12: 31
New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS  New Officer or Employee Staff Fill  Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> 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. 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?	ng the reporting yes No 1
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 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?	ortable agreement or arrangement with an reporting period or in 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?	n \$5,000 from a Yes No No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	<u>B0</u>	TH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" new from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded nt child?	Have you excluded Yes No No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they meet all three tests for ittee on Ethics.	et all three tests for Yes No No

			Examples	SP, Maga Corp Stock EIF	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., Trental 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 fromes and vacation 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 report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an esset 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 bank and other cash accounts, total the amount in all intenst-bearing accounts. If the total is over \$5,000, list every financial institution where there is	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.	and (b) any other reportable asset or source of income which generated more than \$200 in 'uneamed' income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).		Assets and/or Income Sources	BLOCK A	SCHEDULE A – ASSETS
		×	Indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$100,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001-\$5,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000			specify the heritor user.  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 dependen child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please	Value of Asset	вгоск в	ASSETS & "UNEARNED INCOME"
		Partnerski, Income	Royattes	×	\$25,000,001-\$50,000,000  Over \$50,000,000  Spouse/DC Asset over \$1,000,000*  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	x		the Tax-Defend" column. Divi interest, and capital gains, evenivested, must be disclosed as the for assets held in taxable accounts. In None: if the asset generated no during the reporting period.		Type of Income	BLOCK C	Name:
		nership ×	affies X	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$15,000 \$5,001-\$15,000 \$5,001-\$15,000 \$15,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1-\$200	1 11 11 11 11 11 11 11 11 11 11 11 11 1	Current Very			Amount of Income	BLOCK D	The states Pewson
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Krikon Stotts Pearson

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## **SCHEDULE C - EARNED INCOME**

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an the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer	Name:
reporting period. For both the filer	Pageof

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. 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 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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. 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.

		Am	Amount
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	0\$	\$500
Examples: State of Maryland	Salary Speach	\$0.000	\$1,000 \$1,000
Ontario County Board of Education	Spouse Salary	N/A	A/N

#### SCHEDULE D

SCHEDULE D – LIABILITIES	Name: Eriko	States Rearson		Pageof
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 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.	ou, your spouse, or your c ing mortgages on their pounces; liabilities of a busin polving charge account	ependent child. Marsonal residence. ess in which you on (i.e., credit card) or	rk the highest amou Exclude: Any mortga vn an interest (unless nly if the balance at th	Int owed during the reporting age on your personal residence you are personally liable); and ne close of the reporting period

Date   Date   Liability   Type of Liability	_	1	_	_			-	
Creditor  Creditor  Date  Liability Incurred  MOYR  Morgage on Rental Property, Down, DE  \$10,001- \$15,000- \$15,000- \$10,000- \$10,000- \$250,000  \$250,000- \$1,000,000  \$1,000,000- \$1,000,000  \$250,000,001- \$25,000,000- \$250,000,000-						SP, DC, JT		
### Amount of Liability    Date   No.001-					Example	į		
Mortgage on Rental Property, Dover, DE					First Bank of Wilmington, DE	Creditor		
\$10,001- \$15,000  \$15,001- \$50,001- \$100,000  \$50,001- \$100,000  \$250,001- \$250,000  \$500,001- \$1,000,000  \$1,000,001- \$5,000,000  \$5,000,001- \$5,000,000  \$25,000,001- \$5,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000					5/98	Date Liability Incurred MO/YR		
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Over \$1,000,000° (Spouse/DC Liability)						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 parties and the current calendar year and two previous years.

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		Position	period and the current calcindar year. This type centurgates
		Name of Organization	period and the Control year. The year communities and her emphysees report positions indicating previous year and interpretations.

### **SCHEDULE F - AGREEMENTS**

Name: Page 앜

			Date	Identify the dat continuation of employer.
			Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.
			Terms of Agreement	ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former

# 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
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