TRUSTS – Detai from this report d EXEMPTION – H exemption? Do I	liability (more tha	C. Did you or you honoraria, or pen reporting period? D. Did you, your:	A. Did you, your a. Own any rep end of the re b. Receive mo	PRELIMINAL	FILER	Name:	UNITED ST
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excep 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 exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ATTACH THE CORRESPONDING SCHEDULI THIS FORM INCLUDES ONLY THE SCHEDULES THAT S EXCLUSION OF SPOUSE DEPENDENT OR TRUST INFORMATION - ANS	r spouse have "earned" income (e.g., salaries, sion/IRA distributions) of \$200 or more during the spouse, or your dependent child have any reportable	Did you, your spouse, or your dependent child: 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?	NSWER EAC	New Member of Candidate for State: U.S. House of Representatives District: Candidates – Date of Election: Mew Officer or Employee	Pearl Kim	UNITED STATES HOUSE OF REPRESENTATIVES
mittee on Ethics and certain pendent child? principal income, or liabilities of Committee on Ethics.	ATTACH THE CORRESPONDING SCHEDUL I INCLUDES ONLY THE SCHEDULES THAT ADENT OR TRUST INFORMATION - ANS	Yes No	Yes No	Shared Principal Assistant H OF THESE QUES	AA 15, 2018 15 Type (If Applicable):	Daytime Telephon	For New Members, Candid
other "excepted trusts" need not be disclosed. Have you excluded	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE SE DEPENDENT OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	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	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	t Penod Covered: January 1, 2011 to March 31, 2018 STIONS		hon	FORM B s, Candidates, and New Employees
Have you excluded eet all three tests for	or years? S: O COMPLETE SE QUESTIONS	in the current calendar an \$5,000 from a	ing the reporting pugh the date of filing?	individual who files more than 30 days late.	U.S. HOUSE OF REPRESENTATIVE. (Office Use Only)	18 APR 18	APR 9
Yes No		Yes Xo	Yes No	more than 30 days	Office Use Only)	18 APR 18 AM II: 05	APR 92018

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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그 모 유 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. 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 If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. the account that exceeds the reporting thresholds. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in Provide complete names of stocks and mutual funds (do not use only ticker symbols). or rental and other real property held for investment provide a complete address or description, e.g. or a detailed discussion of Schedule A requirements ncome source is that of your spouse (SP) sependent child (DC), or jointly held with anyone in the optional column on the far left. hat is not publicly traded, state the name of the susiness, the nature of its activities, and its rental property," and a city and state. omes and vacation homes (unless there was rental scome during the reporting period); and any financial terest in, or income derived from, a federal eographic tocation in Block A. or an ownership interest in a privately-held busin you so choose, you may indicate that an asset some source is that of your spouse (SP) stirement program, including the Thrift Savings Plan cclude: Your personal residence, including secon Assets and/or income Sources Wells Fargo. Sav. Wells Fargo. CAK Amkor refer to the instruction booklet Sank America Corp Examples: (a) each asset held for investment more than \$200 in "unearned" ABC Hedge Fund Simon & Schuster Wega Corp Stock BLOCK A Tech 120 me Ŧ × ٩. *Column M is for assets held by your spouse or depender child in which you have no interest. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." 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. None > × \$1-\$1,000 8 \times × \$1,001-\$15,000 o × Þ \$15,001-\$50-000 × \$50,001-\$100,000 ш Value of Asset \$100,001-\$250,000 m BLOCK B × G \$250,001-\$500,000 I \$500,001-\$1,000,000 _ \$1,000,001-\$5,000,000 ے \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 ᄌ _ Over \$50,000,000 z You Check all columns that apply. For accounts Fase that generale tax-deferred income (such as a safe) of the Tax-Deferred column. Dividents, clis the "Tax-Deferred" column. Dividents, clis interest, and capital galins, even if uid interest, and capital galins, even if reinvested, must be disclosed as income to assets held in taxable accounts. Check on the column of the column NONE during the reporting period. \times × DIVIDENDS RENT Type of Income INTEREST BLOCK C \times CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnership Income Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm 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. Dividents, interest, and capital galate, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. None *Column XII is for assets held by your spouse or dependent child in which you have no interest. × \$1-\$200 ≡ \$201-\$1,000 ₹ × \$1,001-\$2,500 **Current Year** < × \$2,501-\$5,000 ≤ \$5,001-\$15,000 × ≦ \$15,001-\$50,000 ≨ \$50,001-\$100,000 ≂ \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Amount of Income ≚ Over \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000* None × X = × \$201-\$1,000 ≣ ₹ \$1,001-\$2,500 Preceding < \$2,501-\$5,000 ٧ \$5,001-\$15,000 ≦ \$15,001-\$50,000 × Year ≦ \$50,001-\$100,000 $\overline{\mathbf{x}}$ \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 ≥ Spouse/DC Income over \$1,000,000

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Use additional sheets if more space is required.

SCHEDULE /
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- ASSETS
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"UNEARNED
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SCHEDULE C - EARNED INCOME

	Name:	Pearl Kim	Page 5 of 6	6
nan the filer's current en	nployment by t	nan the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the file source for other spouse carried income exceeding \$1.000. See examples below	reporting period.	For both the file
source for other spouse	earned incom	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. List the source, type, and amount of earned income from any source (other the and filer's spouse, list the source and amount of any honoraria. List only the s **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					County of Delaware	Commonwealth of Pennsylvania	Ontario County Board of Education	Examples: State of Maryland	ABC Trade Association, Battimore, MD (July 15)	Source (include date of receipt for honoraria)	
					Salary	Salary	Spouse Salary	Salary	Honorarium	Type	•
					*-0-	\$15716	N/A	\$20,000	\$ 0	Current Year to Filing	Am
					CA+ 6 +	+ 71,045	N/A	\$76,000	\$500	Preceding Year	Amount

SCHEDULE F - AGREEMENTS

Name:
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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
144/8	Myself and County of Delaware	County Pension
144/8		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.

government a	nd any information considered confidential as a result of a	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services