



Filing ID #10072675

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Sarah Kelly Elfreth
Status: Member
State/District: MD03

FILING INFORMATION

Filing Type: Amendment Report
Filing Year: 2024
Filing Date: 10/24/2025

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Maryland State Retirement and Pension System [PE]		\$15,001 - \$50,000	None		
DESCRIPTION: This is a defined benefit plan.					
T. Rowe Price, 401k, National Aquarium ⇒ T. Rowe Price 2055 Retirement Fund (TRRNX) [MF]		\$1,001 - \$15,000	Tax-Deferred		

* Investment Vehicle details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
State of Maryland, Senate	Salary	N/A	\$55,526.00
Towson University	Salary, adjunct professor	N/A	\$4,400.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	MOHELA	Student loans	Two federally-backed student loans	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Senator	Maryland General Assembly
Adjunct Faculty	Towson University
Consultant	National Aquarium
Consultant	akorn environmental

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
January 2019	State of Maryland	Defined benefit to be paid out when I'm eligible for retirement.
June 2012	National Aquarium	Retirement plan, defined contribution. But no longer contributing.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

SCHEDULE A INVESTMENT VEHICLE DETAILS

- T. Rowe Price, 401k, National Aquarium

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Sarah Kelly Elfreth , 10/24/2025