

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT
FORM B
For New Members, Candidates, and New Employees

2024 APR 23 AM 11:59

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: <u>ABIGAIL DREHER</u>		Daytime Telephone: _____
FILER STATUS	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives	State: <u>MD</u> District: <u>03</u>
	<input type="checkbox"/> Candidate – Date of Election: <u>5/14/2024</u>	<input type="checkbox"/> Check if Amendment
<input type="checkbox"/> New Officer or Employee	Staff Filer Type (if Applicable):	<input type="checkbox"/> Period Covered: January 1 _____ to _____ <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
Employing Office: _____	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	

PRELIMINARY INFORMATION – ANSWER EACH OF 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
G. Did you receive compensation of more than \$2,000 from a single source in the current year and had prior years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE 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? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities 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. Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ABIGAIL DIELL

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Karen Dierck

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BLOCK A Assets and/or Income Sources		Value of Asset	Type of Income	BLOCK C												Amount of Income	BLOCK D
ASSET NAME	SR			A	B	C	D	E	F	G	H	I	J	K	L		
-ARUL DIERCK'S PROBATE (ANNEAROSA, MD)	X	None															
-SUNWELL C3, LLC. (AnneArrosa, MD)	X	\$1-\$1,000															
(AnneArrosa, MD)	X	\$1,001-\$15,000															
	X	\$15,001-\$50,000															
	X	\$50,001-\$100,000															
	X	\$100,001-\$250,000															
	X	\$250,001-\$500,000															
	X	\$500,001-\$1,000,000															
	X	\$1,000,001-\$5,000,000															
	X	\$5,000,001-\$25,000,000															
	X	\$25,000,001-\$50,000,000															
	X	Over \$50,000,000															
	X	Spouse/DC Assets over \$1,000,000*															
	X	NONE															
	X	DIVIDENDS															
	X	RENT															
	X	INTEREST															
	X	CAPITAL GAINS															
	X	EXCEPTED/BLIND TRUST															
	X	TAX DEFERRED															
	X	Other Type of Income (Specify e.g. Partnership Income or Firm Income)															
	X	None															
	X	\$1-\$200															
	X	\$201-\$1,000															
	X	\$1,001-\$2,500															
	X	\$2,501-\$5,000															
	X	\$5,001-\$15,000															
	X	\$15,001-\$50,000															
	X	\$50,001-\$100,000															
	X	\$100,001-\$250,000															
	X	\$250,001-\$500,000															
	X	\$500,001-\$1,000,000															
	X	Over \$50,000,000															
	X	Spouse/DC Income over \$1,000,000*															
	X	NONE															
	X	\$1-\$200															
	X	\$201-\$1,000															
	X	\$1,001-\$2,500															
	X	\$2,501-\$5,000															
	X	\$5,001-\$15,000															
	X	\$15,001-\$50,000															
	X	\$50,001-\$100,000															
	X	\$100,001-\$250,000															
	X	\$250,001-\$500,000															
	X	\$500,001-\$1,000,000															
	X	Over \$50,000,000															
	X	Spouse/DC Income over \$1,000,000*															

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Let the source, type and amount of earned income from any source (other than the State Discretionary Assistance Program) available during the month prior to the date of application.

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 outside earned income limit and prohibitors on types of income may apply to you after you are on House payroll. The 2021 limit on outside earned income for Members and employees compensated at or above the "Senior staff" rate was \$29,585. The 2022 limit is \$29,885. 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.

Source (Include date of receipt for honoraria)	Type	Current Year to Filing	Amount
ABC Trade Association, Baltimore, MD (May 15)	Honorarium	\$0	

Source (Include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$600
State of Maryland	Salary	\$20,000	\$70,000
Civil War Reenactment (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
MARINERED, INC.	SALARY	\$22,000.00	\$72,500.00
ASBY REED'S PROBATE	PROFIT	\$177.00	Not yet filed
CHEN & TELWIND, LLP	CONSTRUCTION	\$24,500.00	0

Name: ARSHAL DIREK
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SCHEDULE D - LIABILITIES

Name: ADOLPHUS DIETRICH

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Report liabilities of over \$10,000 owed to any one creditor at any time 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 (e.g., 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.

SP. DC, Jr.	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability									
				A	B	C	D	E	F	G	H	I	J
	Example First Bank of Wilmington, DE	6/20	Mortgage on Rental Property, Owner, DE	\$10,001-\$15,000									
				\$15,001-\$50,000									
				\$50,001-\$100,000									
				\$100,001-\$250,000									
				\$250,001-\$500,000									
				\$500,001-\$1,000,000									
				\$1,000,001-\$5,000,000									
				\$5,000,001-\$25,000,000									
				\$25,000,001-\$50,000,000									
				Over \$50,000,000									
				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 current calendar year and two previous years.

Position	Name of Organization
OWNER	ASIAN DEMI'S PRANCE
EMPLOYEE	MARINER, INC.
CONSULTANT	CLOUD TECHNOLOGY

SCHEDULE F – AGREEMENTS

Name: ASHLEY DENT

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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
2018	MARINER, INC ULTRU MARINER, INC / BLUEGRASS	SALARIED EMPLOYEE Health Medical Insurance

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.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, State	Accounting Services

Use additional sheets if more space is required.