EXEMPTION - Have you excluded from this report any other assets, "unsamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts' from this report details of such a trust that benefits you, your spouse, or dependent child?	IPO - Did you purchase any shares that were ellocated as a part of an initial Public Offering during the reporting period? If yo contact the Committee on Ethics for further guidance.	IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - /	E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	D. Did you, your spouse, or your dependent child have any reportable Yes Kilability (more than \$10,000) at any point during the reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X reporting period?	B. Did yea, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable resi estate in a transaction exceeding \$1,000 during the reporting period?	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 unserned income from any reportable asset during the reporting period?	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QU	REPORT 2023 Annual (Due: May 15, 2024)	FILER Member of the U.S. State: Cliffering STATUS  Member of Representatives  District: 116	Name: ( glad 6 - Zshoo Dayti		2023 FINANCIAL DISCLOSURE REPORT	
s, transactions, or liabilities of a spouse or your dependent child because the Committee on Ethics.	ics and certain other "excepted trusts" need not be disclosed. Have you excluded	ring during the reporting period? If you answered "yes" to this question, please	RUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	m	No L. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	No H. Did you, your spouse, or your dependent child receive any reportable travel or relimbursements for travel totaling more than \$480 in value from a single source during the reporting period?	No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period?	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?	QUESTIONS	Amendment Termination Date of Termination:	Officer or Employing Office: Employee	Daytime Telephone: 202-225-8104 A 1200 II	7824 A	es, and Employee	HAND
ymeet Yes ☐ No 🔀	ves ☐ No 🛠	96 Yes	SE QUESTIONS	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	antly in Yes No X	No X	gie Yes No	withan Yes No X			Staff Filer Type: (If Applicable) Shared Principal Assistant	A \$200 Hillian Built Signaged against any Individual wife meshabit dual 30 days late.	2024 APR 30 AM ID: 24 MC	LEBISLATIVE RESOURCE CENTER	HAND DELIVERED 1 of \$

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Thritt Savings Vlan		Carillan Charles Towne	11	Fiberia Money Wasket	Formanert Port-blio	ABC Hedge Fund X	Framples: Simon & Schuster	DC, SB Mana Com Shok BE	For bank and other cash accounts, total the emount in all interest-bearing accounts, it the total is over \$5,000, list every financial institution where there is more than \$1,000 in 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.  For rential and other real property held for investment, provides a complete actives or description, e.g., "rental property," and a city and state.  For an ownership interest in a physicip-held business that is not publicly traded, state the name of the business, the nature of the activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial inlerest 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 asset or income source is that of your spouse (SP) or dependent child (CC), or follotly 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.	d a nd made
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		火			×			×	DIVIDENDS	Check ell columns that apply, generate tax-deferred income (successfully, you may check column. Dividendet, interest, and if reinvested, must be disclosseset savet generated no income during easet generated no income during
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メ		X					_		None	Amount of Income  For essets for which you checked Tex-Deferred" in Block C, you also the "hone" column. For all other assets indicate the gategory of Income by checking the appropriate box before Dividents, interest, and depitial galls, even if relinvested must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for essets held by your spouse or dependent child in which you have no interest.
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	-				$\vdash$			$\vdash$	Over \$5,000,000	AMOUNT Of Income  AMOUNT Of Income  For assets for which you checked Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the getsgory of income by checking the appropriate box below.  Dividends, interest, and capital galls, even if relinvastare must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.  *Column XII is for assets held by your spouse or dependent child in which you have no interest.
									Spouse/DC Asset with Income over \$1,000,000*	
								S(pert)	Laeve this column blank if there are no transactions that exceeded \$1,000.	Transaction indicate if the saset had purchases (P), seles (S), or exchanges (E) exchanges (E) in the reporting period. If only a portion of an asset was sold, please indicate a foliows: (S (sart)).

CHEDULE A – ASSETS & "UNEARNED INCOME"	Q0	ئے	<u>Z</u>	₽	$\mathbb{Z}$	Ħ	Ĭ	Ŝ	8	ញ្ច	•						Name:	<b>4</b> 5		<b>I.</b> . <b>A</b> I	ا څا	5	l'	<b>IW</b>	(C)	is the	lo,			Ţ.	Page			<u> </u> 2	4
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																	Over \$1,000,00 (Spouse/DC Asset)	nt x	

### SCHEDULE C - EARNED INCOME

Name: ORA G. Zshoo Page 5 of 9

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 during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

addition, certain typ	INCOME LIMITS and PROHIBITED INCOME: The 2023 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was\$31,815. The 2024 limit is \$31,815. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	d at or above the "senior staff" rate was\$3: elationship) are totally prohibited.	1,815. The 2024 limit is \$31,815. In
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	State of Manyland	Legislative Pension	\$18,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	000,1\$
	Onlario County Board of Education	Spouse Selary	AM
$\mathcal{O}$	County of San Maten Colifornia	Legislative Pension	ST.499.21\$
		)	•

#### SCHEDULE D - LIABILITIES

Name: シスのの Page\_

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. 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.

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						DC, JT		
			R.	取	Example			
		,	trancisco Calibraire	Roblic Back	First Bank of Wilmington, DE	Creditor		
				4 23	5/20	Date Liability Incurred MO/YR		
		Not Posta	Residence (Decreal)	J.C. no space troll	Mortgage on Rental Property, Doger, DE	Type of Liability		
		-				\$10,001- \$15,000	>	
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						\$5,000,001- \$25,000,000	<b>=</b>	
						\$25,000,001- \$50,000,000		
						Over \$50,000,000	<u>.</u>	
						Over \$1,000,000* (Spouse/DC Liability)	~	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

	000000000000000000000000000000000000000		Position
		-N/NE-	Name of Organization

#### SCHEDULE F - AGREEMENTS

Name:

2023 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 **KONIA** Terms of Agreement

#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$192 or less need not be added towards the \$480 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Exemple: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500
,		
	-NONE-	
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# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (YN)	Family Member Included? (Y/N)
	Government of Chine (MEICEA)	Aug. 8-11	DC-Beşing, Chris-DC	٧	٧	Z
crentaer	Habitot for Humanity (Charity Fundralser)	Mar. 34	DC-Boston-DC	Y	• <b>«</b>	¥
	- NONE-					
			-			

## SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name DNA_G.
Shoo Page 9 of 9

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: XYZ Magazine Association of American Associations, Washington, DC - NONE. Source Activity Speech Article Feb. 2, 2023 Aug. 13, 2023 Date Amount \$2,000 \$500