SCHEDULE A - ASSETS & "UNEARNED INCOME"

Romine marie Worken Caleman

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Assets and/or income Sources Value of Asset Identify (a) each asset held for investment or indicate value of asset at close of the reporting period. If you use a valuetion production of income and with a fair market value method other than fair market value, please specify the method used.	ejue of sae	ratco _		Value of Asset	Ass	2										of Inc	Type of Income	3					Ą	<u> </u>	nt of In	Amount of Income					-	Transaction
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and (b) any other reportable asset or source of income because	If an asset was sold during the reporting period and is included only	1	6 :	N N	ortho	500		· #	2	2		Diuma R	529 accounts), you may check the column. Dividends, interest, and cap		. E 2	7 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			Tax-Deferred	onte or	T V			2 C C	ecking.	2 F	e appro	oprate	0	category of norms by checking the appropriate box below Dividends, interest, and capital gains, even if reinvested.		purchases (P). seles (S), or
_	*Column M is for assets held by your spouse or dependent child in which you have no interest	rts Tre	j by y	or se	96	or of	pend	e c	Ē	<u>₹</u>		\$ 3	if reinvested, must be disclosed assets held in taxable accounts. Ch	3 . 8 3		9 d.	7 0		None" if the	5 at	3 2		2			₩ 5	25 OB	med c	r gen	must be disclosed as income for assets haid in taxable accounts. Check 'None' if no income was earned or generated.		exchanges (E) exceeding \$1,000
ks and mutual funds											<u> </u>	200.0	asset generated no moone during me	ğ	Ē	Š			eporang period.	3	Z	<u>0</u>	2550	3	d by y	16	9800	or de	pende	Column XII is for assets held by your spouse or dependent child	_	period period
(do not use only ticker symbols). For all (RAs and other retrement plans (such as																				= ¥	Š) have	Š	in which you have no interest	-							If only a portion o
401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	C D	m			<u> </u>	-	_	_	_	<u> </u>	+	4	4	-{	-	\dashv	\dashv	4		_	=	=	⋜	_	≦	≦	≦	×	×	¥		please indicate a follows: (S (part)).
For bank and other cash accounts, total the amount in all interest-basing accounts if the total is over \$5,000, hat every financial institution where there is more than \$1,000 in interest-bearing accounts.									-																							Leave this column blank if there are no transactions that exceeded \$1,000
For rental and other real property held for investment provide a complete address or description, e.g., 'rental property,' and a city and state										_				<u> </u>				<u>-</u>												-		
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 homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income denied from a federal retrement program, including the Thirt Savings Plan		_		-									<u> </u>						arm Income)											,000,000		
If you report a privately traded fund that is an Excepted investment Fund, please check the "EIF" box.			<u>.</u>							M 000-									conta or F									<u> </u>		e over \$1		
If you so choose, you may indicate that an esset of income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the ophonal column on the far left.								450.000.000		Asset over \$1,00	A3301 010 81,00				LING	BUND TRUST			of income 2. Partnership in											Asset with Incom		
For a detailed discussion of Schedule A requirements, please rafer to the instruction booklet	\$1,001-\$15,0 \$15,001-\$50	\$50,001-810	\$100,001-\$2	\$250,001-85	\$500,001-\$1	\$1,000,001-	\$5,000,0014		Over \$50.00		NONE	DIVIDENDS	RENT	INTEREST	CAPITAL G/		TAX-DEFER		Other Type o (Specify: e.g	None	\$1-\$200	\$201-\$1,009	\$1,001-\$2,50	\$2,501-\$5,00	\$5,001-\$15,0	\$15,001-850	250,001-810	\$100,001-\$1. \$1,000,001-\$	0ver \$5,000.			P, S, S(part), or I
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	Spouse/DC Asset with Income over \$1,000,000"										\vdash									
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Name: BOWN. & Marie Watin Ca lement Page 3 of 10

SCHEDULE B - TRANSACTIONS

Name: BONN & Marie Water Ce leunan

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	od of any	dependent child for investment or the production of income, include transactions that resulted in a capital bas. Provide a buef description of an exchange transaction. Exclude transactions between you, your apoute, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income if only a portion of an asset is sold please choose "partial sale" as the type of transaction.	Capital Gains: if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	 Column Kus for assets solely held by your spouse or dependent child 		Example																
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SCHEDULE C - EARNED INCOME

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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 henoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

iNCOME LIMITS an 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\$31 blationship) are totally prohibited.	1,815 . The 2024 limit is \$31,815. In
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene Shile	Approved Teaching Fee	\$6,000
Examples:	State of Maryland	Legislative Pension	\$18,000
	Civil Wer Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ontano County Board of Education	Spouse Salary	N/A
Poh	Police Pensior/Disability Fund	Spause's Solory	NA
	NJ STate Pension	,	

SCHEDULE D - LIABILITIES

Name: Bonnie Mare Waten Calenian Page_(d Ē 10

\$10,000. *Column K is for liabilities held solely by your spouse or dependent child. to you by a spouse or the child, parent, or sibling of you or your spouse. Report liabilities of over \$10,000 awed 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 remain any interest (unless you are personally liable); and liabilities owed remain any interest (unless you are personally liable); and liabilities owed Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded

				DC. JT		
	 Kar	treite	Example	<u> </u>		
	KIN BANK	hilly havito	First Bank of Wilmington, DE	Creditor		
	2017	5/26/12	5/20	Date Liability Incurred MO/YR	j	
	Auto Lann	mry Primery Residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
	 ン			\$10,001- \$75,000	>	
				\$15,001- \$50,000	5	
				\$50,001- \$100,000	G	
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				\$500,001- \$1,000,000	7 1	of L
				\$1,000,001- \$5,000,000	69	Amount of Liability
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				\$25,000,00†- \$50,000,000	-	
				Over \$50,000,000		
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

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, freternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. 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

Position	Position Name of Organization

SCHEDULE F - AGREEMENTS

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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

emproyer.		
Date	Parties to Agreement	Terms of Agreement
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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
Example	Mr. Joseph Smith, Arlington, VA	Silver Platter (pror determination of personal friendship received from the Committee on Ethios)	\$500

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Novie Waten Caleman

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paid by you and reimbursed by the sponsor. Identify the source and list travel timerary, 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 Giffs 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

						! : !
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	ramity member included? (Y/N)
Frank	Government of China (MECEA)	Aug. 6-11	DC-Bating, China-DC	٧	۲	z
	Habitat for Humanity (Charly Fundrataer)	Mar. 3-4	DC-Boston-DC	٧	۷	٧
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Bonnie Marie Wirkon Collumn

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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: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Aug. 13, 2023 Feb. 2, 2023 Date Amount \$2,000 \$500

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