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UNITED STATES HOUSE OF REPRESENTATIVES
2025 FINANCIAL DISCLOSURE REPORT

FORM B
For New Members Candidates and New Employees

Name AISHA WAHAB **Daytime Telephone** _ _

FILER STATUS

- [X] New Member of or Candidate for U S House of Representatives — State CA, District 14
  Candidates – Date of Election 6/2, 6/16, 8/18, 11/3
- [X] Check if Amendment
- [ ] New Officer or Employee
  Employing Office _____
  Staff Filer Type (If Applicable) Shared [ ] Principal Assistant [ ]
- Period Covered January 1 _____ to _____

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? or b Receive more than $200 in unearned income from any reportable asset during the reporting period?	Yes [X] No [ ]	**E** Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes [ ] No [X]
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?	Yes [X] 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?	Yes [X] 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?	Yes [X] No [ ]	**J** Did you receive compensation of more than $5 000 from a single source in the current year and two prior years?	Yes [ ] No [X]

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	Page_____of _____

BLOCK A — Assets and/or Income Sources

Identify (a) each asset h ld fo investment or 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 o ource of income which generated more than $200 in "unearned" I come during th year

Provide compl te names of stocks and mutual fu ds (do not use only ticke symbols)

F ll IRAs nd other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds

F bank and othe cash accounts total the amou t l ll interest-bearng accounts If the total is ove $5 000 list every financial institution where there is more than $1 000 in interest-bearing ccounts

For rental and other real property held for investment, provide a complete address or descnption g rental property and city and state

Fo an ownership interest in a privately held business that is not publicly traded tate the nam of the business th nature of its ctivities and its geographic location in Block A.

Exclude Your personal resid nce including second homes and vacation homes (*unless* there was rental income during the reporting period) and a y fi ancial interest i or income derived from a federal retirement program incl d'ng th Thrift Savi gs Pl n

If you report a privately traded fu d that is an Excepted Investm nt 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 (DC) or jointly held with anyone (JT) In the optional column on the far left.

For a d tailed discussion of Schedul A requirements please refer to the Instruction booklet.

BLOCK B — Value of Asset

I dicate value of asset at clo of the reporting period If yo use a valuation method other than fair market value please specify the m thod used

If an asset was sold during the reporting period and is incl ded only because it generated I com the val e should be None

Column M is for assets held by your spouse or dependent child in which you have no interest.

BLOCK C — Type of Income

Ch ck all col mns that apply For accounts that generate tax-deferred income (s ch as 401(k) IRA, 529 cco ts) you may check th "Tax-Deferred" column **Divid nds Interest, and capital gains even if reinvested must be dl closed as I come fo assets h ld in taxabl ccounts.** Check "None if th asset generated income durng the reporting period

BLOCK D — Amount of Income

For ssets f r which you checked "Tax Deferred In Block C you m y check the None column F ll oth r assets indicat th categ ry of income by checking the appropriate box below **Divid nd Interest, nd capital gain ev If reinvested must be dis l sed as income for assets held i taxabl ccounts.** Check "None if no income was earned or gen rated

Column XII is for assets h ld by you pouse or depend nt child in which you have no interest.

			EIF	A None	B $1-$1 000	C $1 001-$15 000	D $15 001-$50 000	E $50 001-$100 000	F $100 001 $250 000	G $250 001 $500 000	H $500 001 $1 000 000	I $1 000 001-$5 000 000	J $5 000 001-$25 000 000	K $25,000 001-$50 000 000	L Over $50 000 000	M Spouse/DC Asset over $1 000 000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify e g Partnership Income or Farm Income)	Current Year I None	II $1-$200	III $201-$1 000	IV $1 001-$2,500	V $2,501-$5 000	VI $5,001-$15 000	VII $15 001-$50 000	VIII $50 001-$100 000	IX $100 001 $1 000 000	X $1 000 001-$5 000 000	XI Over $5 000 000	XII Spouse/DC Income over $1 000 000*	Preceding Year I None	II $1-$200	III $201-$1 000	IV $1 001-$2,500	V $2,501-$5,000	VI $5,001-$15 000	VII $15,001-$50 000	VIII $50 001-$100 000	IX $100 001 $1 000 000	X $1 000 001 $5 000 000	XI Over $5,000 000	XII Spouse/DC Income over $1 000 000*
SP DC JT	*Examples.*	Mega Corp Stock						X									X																												
		Simon & Schuster			Indefinite																			Royalties				X																	
		ABC Hedge Fund	X							X														Partnership Income					X																
	CA CalPERS							X														X		X												X									

Use additional sheets if more space is required

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name	Page_____of _____

BLOCK A			BLOCK B												BLOCK C							BLOCK D																							
Assets and/or Income Sources			Value of Asset												Type of Income							Amount of Income																							
																						Current Year												Preceding Year											
SP DC, JT	ASSET NAME	EIF	A None	B $1-$1 000	C $1 001-$15 000	D $15 001-$50 000	E $50 001-$100 000	F $100 001-$250 000	G $250 001-$500 000	H $500 001-$1 000 000	I $1 000 001-$5 000 000	J $5 000 001-$25 000 000	K $25 000 001-$50 000 000	L Over $50 000 000	M Spouse/DC Asset over $1 000 000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify e.g. Partnership Income or Farm Income)	I None	II $1-$200	III $201-$1 000	IV $1 001-$2,500	V $2,501-$5 000	VI $5,001-$15 000	VII $15 001-$50 000	VIII $50 001-$100 000	IX $100 001-$1 000 000	X $1 000 001-$5 000 000	XI Over $5 000 000	XII Spouse/DC Income over $1 000 000	I None	II $1-$200	III $201-$1 000	IV $1 001-$2,500	V $2,501-$5 000	VI $5 001-$15 000	VII $15 001-$50 000	VIII $50 001-$100 000	IX $100 001-$1 000 000	X $1 000 001-$5 000 000	XI Over $5 000 000	XII Spouse/DC Income over $1 000 000

Use additional sheets if more space is required

SCHEDULE C – EARNED INCOME

Name	Page_____of _____

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 both the filer and filer's spouse list the source and amount of any honoraria List only the source for other spouses 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 and PROHIBITED INCOME Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll The 2025 limit on outside earned income for Members and employees compensated at or above the senior staff" rate was $33 285 The 2026 limit is $33 855 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	Amount	
			Current Year to Filing	Preceding Year
Examples	ABC Trade Association Baltimore MD (July 15)	H norarium	$0	$500
	State of Maryland	Salary	$20 000	$76 000
	Civil War Roundtable (Oct. 2)	Spouse Speech	$0	$1 000
	Ontario County Board of Educati	Spouse Salary	N/A	N/A
State of California		Salary		$132,703

Use additional sheets if more space is required

SCHEDULE D – LIABILITIES

Name	Page_____of _____

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 children **Mark the highest amount owed 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*** (*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 children

SP DC JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A $10 001 $15 000	B $15 001 $50 000	C $50 001 $100 000	D $100 001 $250 000	E $250 001 $500 000	F $500 001 $1 000 000	G $1 000 001 $5 000 000	H $5 000 001 $25 000 000	I $25 000 001 $50 000 000	J Over $50 000 000	K Over $1 000 000 (Spouse/DC Liability)
	Example First Bank of Wilmingto DE	5/25	Mortg g on Rental Property Dover DE				X							
	Chase Bank	12/25	Credit Card		X									
								—						

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 reporting period and the current calendar year **First year candidates and new employees** report positions held in the current calendar year and **two** previous years

Position	Name of Organization

Use additional sheets if more space is required

SCHEDULE F – AGREEMENTS

Name	Page_____of_____

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
2020	Aisha Wahab & California	Continued Participation in Pension Plan

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 because of a privileged relationship recognized by law **Do not repeat the 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

FILER NOTES
(Optional)

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NOTE NUMBER	NOTES

Use additional sheets if more space is required