HOUSE OF SENTAL

United States House of Representatives

ETHICS IN GOVERNMENT ACT FINANCIAL DISCLOSURE REPORT (FORM B)

For Use by New Members, Candidates, and New Employees

WHO MUST FILE AND WHEN: <u>New Member Filers</u>: New Members (*i.e.*, those sworn in between November 5, 2024, and April 15, 2025) must file a report on or before May 15, 2025. <u>New Employee Filers</u>: A new employee must file a report within 30 days of beginning their House employment. <u>Candidate Filers</u>: A candidate for the House generally must file a Financial Disclosure Report for each calendar year they are a candidate-not only the year of the election. The first report is due within 30 days of raising or spending \$5,000 or on May 15, whichever is later, but not less than 30 days before the primary or general election. Candidate filers also owe a report each subsequent May 15 for as long as they remain a candidate. For all filers, a clear postmark is accepted as the filing date.

LATE REPORTS AND PENALTIES FOR FALSE REPORTS: A \$200 late filing fee shall be assessed against any individual who files more than 30 days after the due date of a report or amendment (or the due date of any extension). Any individual who knowingly and willfully falsifies or who knowingly or willingly fails to file the required report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. §§ 101-111) and 18 U.S.C. § 1001.

REPORTING PERIOD: <u>New Member Filers</u>: The period covered is the preceding calendar year, unless otherwise indicated in the Schedule. When completing Schedules, A and C, fill out the "Preceding Year" information and indicate the "Current Year" information is "Not Applicable." <u>New Employee Filers</u>: The period covered is the preceding calendar year and the current year through the date of hiring, unless otherwise indicated in the Schedule. <u>Candidate Filers</u>: The period covered is the preceding calendar year and the current year through the date of filing, unless otherwise indicated on the Schedule.

EXTENSIONS: Requests for extension must be made using the extension request form either in the electronic filing system, available at https://ethics.house.gov. If you are not using the electronic filing system, the extension request must be e-mailed or mailed to the Committee and received by the due date of the report.

WHERE TO OBTAIN ASSISTANCE: Counsel from the Committee on Ethics is available to answer questions and offer assistance on (202) 225-7103. Additional forms and instructions are available on the Committee's website, https://ethics.house.gov, under the "Financial Disclosure" tab.

BEFORE FILING: Answer each question on the "Preliminary Information" page and attach the appropriate schedule for each "Yes" response. Please type or print using blue or black ink. Do not use a pencil. Attach additional sheets if necessary, indicating the section that is being continued. If you complete the form on paper, type or print your name at the top of each page filed. Redact any confidential information from any attachments.

RETURN COMPLETED Report TO:

The Clerk, U.S. House of Representatives Legislative Resource Center B-81 Cannon House Office Building Washington, DC 20515-6612 <u>Filing Instructions for Members and Candidates</u>: File a signed original and two photocopies of your report, including all attachments. Filers who use the online system only need to submit once.

<u>Filing Instructions for Officers and Employees</u>: File a signed original and one photocopy of your report, including all attachments. Filers who use the online system only need to submit once.

UNITED STATES HOUSE OF REPRESENTATIVES ETHICS IN GOVERNMENT ACT

FINANCIAL DISCLOSURE REPORT – FORM B

Please provide the following information. Your address	and signature <u>WILL NOT</u> be made availa	ble to the public.
(Print Full Name)	(Daytime Telephone)	
(Complete Ac	ldress – Office or Home)	
Filer Status: New Member	Candidate New Officer	or Employee
CERTIFICATION – THIS DOCUMENT MUST BE Some the attached Financial Disclosure Report is required by the Ethics requesting person upon written application and will be reviewed by willfully falsifies, or who knowingly and willfully fails to file, the section 104 of the Ethics in Government Act (5 U.S.C. app. §§ 101-107)	s in Government Act of 1978, as amended. The Rep the Committee on Ethics or its designee. Any ind attached report may be subject to civil penalties a	oort will be available to any ividual who knowingly and
Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached financial disclosure report and all attached schedules are true, complete, and correct to the best of my knowledge and belief.		
New Officers and Employees must fil	le a signed original and two photocopies thereof. le a signed original and one photocopy thereof. ILY – DO NOT WRITE BELOW***	
Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this		

Financial Disclosure Report, that the reporting individual is in compliance with title I of the Ethics in Government Act (5 U.S.C.

app. §§ 101-111).

	STATES HOUSE OF REPRESENTATIVES L DISCLOSURE REPORT	For New Members	FORM B , Candidates, and New Employees	Page 1 of
Name:	Dayti	ime Telephone:		
FILER	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:		Check if Amendment	(Office Use Only)
STATUS	New Officer or Employee Staff Fi	iler Type (If Applicable): Principal Assistant	Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30-days late.
A. Did you, you a. Own any end of the b. Receive asset du C. Did you or honoraria, or preporting period D. Did you, you	our spouse, or your dependent child have any reportable than \$10,000) at any point during the reporting period?	No No No	E. Did you hold any reportable positions duperiod or in the current calendar year up thr F. Did you have any reportable agreement outside entity during the reporting period or year up through the date of filing? J. Did you receive compensation of more the single source in the current year and two preserved.	or arrangement with an in the current calendar Yes No nan \$5,000 from a rior years?
	ATTACH THE CORE THIS FORM INCLUDES ONLY T		HEDULE IF YOU ANSWER "YE THAT YOU ARE REQUIRED T	
EXCLUSI	ON OF SPOUSE, DEPENDENT, OR TRUST	T INFORMATION	I - ANSWER <u>BOTH</u> OF THES	SE QUESTIONS
TRUSTS – De from this repo	etails regarding "Qualified Blind Trusts" approved by the Committee ort details of such a trust that benefits you, your spouse, or depende	e on Ethics and certain oth ent child?	ner "excepted trusts" need not be disclosed.	Have you excluded Yes No No
	Have you excluded from this report any other assets, "unearned" on not answer "yes" unless you have first consulted with the Commi		spouse or dependent child because they m	eet all three tests for Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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in all \$5,00	interest-beari 00, list every t	er cash accounts, total the a ing accounts. If the total is financial institution where t in interest-bearing accounts	over there is	Α	В	С	D	E	F	G	н	I J	K	L	M		Current Year Preceding Yea						X	XI	XII																				
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incon depe	ne source is ndent child (you may indicate that an a s that of your spouse (DC), or jointly held with a al column on the far left.	SP) or			000	0000	000'00	50,000	000,000	000,000,	\$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	00000	Spouse/DC Asset over \$1,000,000					AINS	EXCEPTED/BLIND TRUST	RED	of Income (Spec				00	00	000	000'00	000,000,	\$5,000,000	000,	Income over \$1,				00	00	000	טטט'ו	0,000	\$5,000,000	0000	Spouse/DC Income over \$1,000,000
		discussion of Sched ase refer to the instruction b		None	\$1-\$1,000	\$1,001-\$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-\$3,000,000	\$25.000.001	Over \$50,000,000	Spouse/DC	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED	TAX-DEFERRED	Other Type	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$15 001-\$10,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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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 2024 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2025 limit is \$33,285. 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.

	Serves (include data of receipt for beneverie)	Tumo	Amo	ount
,	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples:	State of Maryland	Salary	\$20,000	\$76,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A	N/A

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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.

								Α	moun	t of Li	ability				
			Date		A	В	С	D	E	F	G	н	_	J	К
SP, DC, JT		Creditor	Liability Incurred MO/YR	Type of Liability	\$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)
	Example	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE				Х							

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

			Name:	Pageof		
				*		
Identify the date continuation of employer.	late, parties to, and general terms of any agreement or arra or deferral of payments by a former or current employer ot	angement that you have with her than the U.S. governme	n respect to future employment; a leave of absent; or continuing participation in an employee w	nce during the period of government service; elfare or benefit plan maintained by a former		
Date	Parties to Agreement		Terms of A	Agreement		
			_			
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 the information listed on Schedule C.						
	Source (Name and City/State)		Brief Description of I	Duties		
Example:	Doe Jones & Smith, Hometown, State	Accounting Services				

SCHEDULE F - AGREEMENTS

FILER	NOTES
(Optio	nal)

Name:	Pageof

NOTE NUMBER	NOTES