

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

Name: Stephen William Houlahan Status: Congressional Candidate

State/District: CA48

#### FILING INFORMATION

**Filing Type:** Amendment Report

Filing Year: 2024

**Filing Date:** 04/19/2024

**Period Covered:** 01/01/2023-04/15/2024

# SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Bank of America Checking Account [BA]		\$1,001 - \$15,000	None		
Calpers ⇒ Calpers [OT]  DESCRIPTION: Calpers State Retirement Fund from se	erving in p	\$1,001 - \$15,000 revious Elected Office	Capital Gains, Dividends	\$201 - \$1,000	\$201 - \$1,000
Capital Group America Funds ⇒ Stephen's College Fund [5P] LOCATION: IN		\$15,001 - \$50,000	Capital Gains, Dividends	\$201 - \$1,000	\$201 - \$1,000
Lincoln 403B ⇒ Lincoln 403B Tax Deferred Retirement Plan [OT]  DESCRIPTION: Lincoln 403B Tax Deferred Retiremen	t Plan	\$250,001 - \$500,000	Capital Gains, Dividends	\$5,001 - \$15,000	\$15,001 - \$50,000
Sharp Saver Retirement Plan ⇒ 401(k) Employer Sponsored Retirement Savings Plan [OT]  DESCRIPTION: 401(k) Employer Sponsored Retirement	nt Savings	\$250,001 - \$500,000 Plan	Capital Gains, Dividends	\$5,001 - \$15,000	\$15,001 - \$50,000
WesCom Credit Union Account [BA]	SP	\$1,001 - \$15,000	None		

## SCHEDULE C: EARNED INCOME

Source	Туре	Amount Current Year to Filing	Amount Preceding Year
Sharp Health Care	Salary	\$160,601.00	\$144,829.00

#### SCHEDULE D: LIABILITIES

Owner Creditor	Date Incurred	Туре	Amount of Liability
Mr. Cooper	October 2009	Mortgage	\$100,001 - \$250,000

#### **SCHEDULE E: POSITIONS**

Position	Name of Organization	
President	Save Mission Trails	

#### SCHEDULE F: AGREEMENTS

None disclosed.

# SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

### SCHEDULE A INVESTMENT VEHICLE DETAILS

- o Calpers
- Capital Group America Funds LOCATION: IN
- Lincoln 403B
- o Sharp Saver Retirement Plan

# **EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**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 benefiting you, your spouse, or dependent child?

Yes No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent

<sup>\*</sup> Investment vehicle details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <a href="https://fd.house.gov/reference/asset-type-codes.aspx">https://fd.house.gov/reference/asset-type-codes.aspx</a>.

child because they meet all three tests for exemption?
○ Yes ○ No

# CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Stephen William Houlahan, 04/19/2024