

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE REPORT

FORM B
For New Members, Candidates, and New Employees

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OCT 22 2025

Name: Troy Alan Albers

Daytime Telephone:

| | | | |
|---------------------|--|---|--|
| FILER STATUS | New Member of or Candidate for U.S. House of Representatives | State: Florida District: 3 | <input type="checkbox"/> Check if Amendment |
| | Candidates – Date of Election: 11/03/2026 | | |
| | New Officer or Employee Employing Office: _____ | Staff Filer Type (If Applicable): Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> | Period Covered: January 1, 2024 to October 13, 2025 |
| | A \$200 penalty shall be assessed against any individual who files more than 30-days late. | | |

CC

LEGISLATIVE RESOURCE CENTER

2025 NOV -3 AM 10: 54

OFFICE (Office User Only)
U.S. HOUSE OF REPRESENTATIVES

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? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> X | 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> X |
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> X | J. Did you receive compensation of more than \$5,000 from a single source in the current year and <u>two</u> prior years? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> X |
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> X |