



Filing ID #10071552

# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B81 Cannon Building • Washington, DC 20515

## FILER INFORMATION

**Name:** John Gray  
**Status:** Congressional Candidate  
**State/District:** VA07

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2025  
**Filing Date:** 06/14/2025  
**Period Covered:** 01/01/2024– 04/18/2025

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
AT&T Inc. (T), 100% Interest [ST]	JT	\$250,001 - \$500,000	Dividends	\$5,001 - \$15,000	\$5,001 - \$15,000
Ava Maria Funds - ROTH, 100% Interest [OT] DESCRIPTION: Individual ROTH Account		\$100,001 - \$250,000	None		
Capital One [BA]	JT	\$100,001 - \$250,000	Interest	\$2,501 - \$5,000	\$2,501 - \$5,000
Commerical Office Condominium [RP] LOCATION: Prince William, VA, US	JT	\$100,001 - \$250,000	None		
Doreen Gray ROTH [IH]	SP	\$100,001 - \$250,000	None		

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
John S Gray CPA	Salary	\$100,000.00	\$100,000.00

**SCHEDULE D: LIABILITIES**

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Capital One	May	Monthly credit card	\$10,000 - \$15,000

**SCHEDULE E: POSITIONS**

Position	Name of Organization
Treasurer	Greater Prince William Community Health Center
Treasurer	Fellowship Square Foundation

**SCHEDULE F: AGREEMENTS**

None disclosed.

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

None disclosed.

**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 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:** John Gray , 06/14/2025