



Filing ID #10067852

# FINANCIAL DISCLOSURE REPORT

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

## FILER INFORMATION

**Name:** Mr. Glenn Keith Pearson  
**Status:** Congressional Candidate  
**State/District:** FL16

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2025  
**Filing Date:** 05/14/2025  
**Period Covered:** 01/01/2024– 04/15/2025

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
CHASE Checking [BA]	JT	\$1 - \$1,000	Interest	None	\$201 - \$1,000
Empower Plan Services LLC [DB]	JT	Undetermined	MONTHLY BENEFIT	\$201 - \$1,000	\$1,001 - \$2,500
SOCIAL SECURITY BENEFITS [OT]		\$15,001 - \$50,000	SSA BENEFITS	\$5,001 - \$15,000	\$15,001 - \$50,000
DESCRIPTION: MONTHLY BENEFITS					

\* 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
SMH HEALTH CARE, INC.	SPOUSE SALARY	\$31,250.00	\$74,267.34
UNITED AMERICAN INSURANCE COMPANY	COMMISSIONS	\$5,504.52	\$13,459.88
ATHENE ANNUITY AND LIFE COMPANY	COMMISSIONS	\$ .00	\$26,846.53

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	21st MORTGAGE CORPORATION	SEPTEMBER 2023	LOAN WITH HOME AS COLLATERAL	\$15,001 - \$50,000
JT	KIA FINANCE	AUGUST 2024	AUTO LEASE	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

Position	Name of Organization
PRESIDENT	MANATEE COUNTY DEMOCRATIC BLACK CAUCUS
VICE CHAIR	MANATEE COUNTY DEMOCRATIC PARTY

SCHEDULE F: AGREEMENTS

None disclosed.

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

Source (Name and Address)	Brief Description of Duties
UNITED AMERICAN INSURANCE COMPANY (MCKINNEY, TX, US)	LICENSED INSURANCE AGENT
ATHENE ANNUITY AND LIFE COMPANY (DES MOINES, IA, US)	LICENSED INSURANCE AGENT

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:** Mr. Glenn Keith Pearson , 05/14/2025