

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE REPORT**

**FORM B**

For New Members, Candidates, and New Employees

APR 29 2025

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Name: Tim Oberweis

Daytime Telephone:

CC  
2025 MAY 15 AM 11:07

New Member of or Candidate for  
U.S. House of Representatives

State: Florida  
District: 19

FILER  
STATUS



Candidates – Date of Election: 8/18/26

Staff Filer Type (If Applicable):

Period Covered: January 1, 2024

to April 15, 2025

Check if  
Amendment

New Officer or Employee  
Employing Office: \_\_\_\_\_

Shared  Principal Assistant

Individual who files more than 30-days late.

L.  
(Office Use Only)

**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?   
 b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

Yes  No

- 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  No

- D. Did you, your spouse, or your dependent child have any reportable liability (more than \$1,000) at any point during the reporting period?

Yes  No

- E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes  No

- 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  No

- G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes  No

**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  No

**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  No

**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Tim Oberweger

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**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

 Name: Jim Oberweis

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ASSET NAME or SP	BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income												
				A	B	C	D	E	F	G	H	I	J	K	L	M
Earthus		None														
Neumont		\$1-\$1,000														
Neutras San		\$1,001-\$15,000														
ON Semi		\$15,001-\$50,000														
Palo Alto		\$50,001-\$100,000														
Pot Belly		\$100,001-\$250,000														
Pfizer		\$250,001-\$500,000														
Prospect Capital		\$500,001-\$1,000,000														
Tast		\$1,000,001-\$25,000,000														
Verisign		Over \$50,000,000														
Zscaler		Spouse/DC Asset over \$1,000,000*														
Oberweis Global	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Oberweis INTL	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Oberweis Small Cap	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Oberweis Money Mkt	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
El Paso, TX 60	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X

Use additional sheets if more space is required.

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Tim Oberweis

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## SCHEDULE C – EARNED INCOME

Name: J. H. Oberweis

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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 2023 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2024 limit is \$31,815. 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.

Source (Include date of receipt for honoraria)

Type

Current Year to Filing

Preceding Year

Examples:

ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$75,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A

NONE

None

None

None

## SCHEDULED - LIABILITIES

Name: Tim Oberweis

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**Report liabilities of over \$10,000 owed to any one creditor at any time 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 child."**

Creditor Debt Holder	Date Liability Incurred MOYR	Type of Liability	Amount of Liability							
			A	B	C	D	E	F	G	H
First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000							
			\$15,001-\$50,000							
			\$50,001-\$100,000							
	X		\$100,001-\$250,000							
			\$250,001-\$500,000							
			\$500,001-\$1,000,000							
	X		\$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)							

## 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.**

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.	
<b>Position</b>	
President	
The Oberuru Foundation	
<b>Name of Organization</b>	

**Use additional sheets if more space is required.**

## SCHEDULE F – AGREEMENTS

Name: Tim Obernewy

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
2014- 11-10	H SBC	Pension - 4/16/2017

**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 information listed on Schedule C.**

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 information listed on Schedule C.	
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, State	
None	
None	Accounting Services