



Filing ID #10067437

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Hon. Valerie Foushee  
**Status:** Member  
**State/District:** NC04

## FILING INFORMATION

**Filing Type:** Annual Report  
**Filing Year:** 2024  
**Filing Date:** 05/14/2025

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Checking Accounts [BA]	JT	\$15,001 - \$50,000	Interest	\$1 - \$200	<input type="checkbox"/>
Money Market [BA]	JT	\$100,001 - \$250,000	Interest	\$1,001 - \$2,500	<input type="checkbox"/>
NC Firemen and Rescue Squad Workers Pension Fund [BA]	SP	Undetermined	Pension Benefit	\$1,001 - \$2,500	<input type="checkbox"/>
NC Legislative Retirement System [BA]		Undetermined	Pension Benefit	\$5,001 - \$15,000	<input type="checkbox"/>
NC Local Government Employees Retirement System [BA]	SP	Undetermined	Pension Benefit	\$15,001 - \$50,000	<input type="checkbox"/>
NC Local Government Employees Retirement System [BA]		Undetermined	Pension Benefit	\$5,001 - \$15,000	<input type="checkbox"/>

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

## SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Type	Amount
NC Local Government Retirement System	Pension Benefit	\$12,715.77
NC Firemen and Rescue Squad Workers Pension Fund	Spouse Pension Benefit	\$2,040.00
NC Local Government Retirement System	Spouse Pension Benefit	\$32,460.00
NC Legislative Retirement System (NCLRS)	Pension Benefit	\$7,868.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Wells Fargo Bank	May 2015	Home Mortgage	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
January 2013	NC Legislative Retirement System	Pension Fund
December 1989	NC Local Government Employees Retirement Fund (LGERS)	Pension Fund

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

Trip Details					Inclusions		
Source	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
AIEF	03/23/2024	03/29/2024	Raleigh, NC - Tel Aviv, Israel - Raleigh, NC	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**IPO:** Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

**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:** Hon. Valerie Foushee , 05/14/2025