



Filing ID #10067107

FINANCIAL DISCLOSURE REPORT

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

FILER INFORMATION

Name: Hon. Steve Scalise
Status: Member
State/District: LA01

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2024
Filing Date: 06/25/2025

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Trust Bank Account [BA]	JT	\$1,001 - \$15,000	Interest	\$201 - \$1,000	<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
Magical Moments Vacations	Spouse Salary	\$8,694.38

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Home Bank	July 2008	Personal Loan	\$15,001 - \$50,000
JT	Chase Bank	June 2013	Home Mortgage	\$250,001 - \$500,000
JT	Gulf Coast Bank	June 2013	2nd Mortgage on Home	\$100,001 -

Owner	Creditor	Date Incurred	Type	Amount of Liability
				\$250,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Director (uncompensated)	American Italian Renaissance Foundation
Director (uncompensated)	Jefferson Senior Center

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

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. Steve Scalise , 06/25/2025