

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE REPORT

FORM B

For New Members, Candidates, and New Employees

OCT 30 2024 Page 1 of _____

LEGISLATIVE SESSION NUMBER
U.S. House of Representatives

Name: John C. Hickenlooper

Daytime Telephone: (303) 247-4111

2024 NOV 14 AM 11:38

FILER STATUS	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives	State: <u>DE</u> District: <u>00</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> Candidates – Date of Election:		
New Officer or Employee	Staff Filer Type (if Applicable):	Period Covered: January 1, _____ to _____	A \$200 penalty shall be assessed against any individual who files more than 30-days late.
Employing Office: _____	Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>		

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? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

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 "excluded 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: JOHN J. WHALEN III

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BLOCK A		Assets and/or Income Sources											
		Value of Asset											
		Type of Income											
		Amount of Income											
ASSET NAME	SP. OR	BLOCK B											
		BLOCK C											
		BLOCK D											
		None		Current Year									
		\$1-\$5,000		Preceding Year									
		\$1,001-\$15,000											
		\$15,001-\$50,000											
		\$50,001-\$100,000											
		\$100,001-\$250,000											
		\$250,001-\$500,000											
		\$500,001-\$1,000,000											
		\$1,000,001-\$5,000,000											
\$5,000,001-\$25,000,000													
\$25,000,001-\$50,000,000													
Over \$50,000,000													
Spouse/DC Asset over \$1,000,000*													
X		NONE											
X		DIVIDENDS											
X		RENT											
X		INTEREST											
X		CAPITAL GAINS											
X		EXCEPTED/BLIND TRUST											
X		TAX-DEFERRED											
X		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)											
X		None											
X		\$1-\$200											
X		\$201-\$1,000											
X		\$1,001-\$2,500											
X		\$2,501-\$5,000											
X		\$5,001-\$15,000											
X		\$15,001-\$50,000											
X		\$50,001-\$100,000											
X		\$100,001-\$1,000,000											
X		\$1,000,001-\$5,000,000											
X		Over \$5,000,000											
X		Spouse/DC Income over \$1,000,000*											
X		None											
X		\$1-\$200											
X		\$201-\$1,000											
X		\$1,001-\$2,500											
X		\$2,501-\$5,000											
X		\$5,001-\$15,000											
X		\$15,001-\$50,000											
X		\$50,001-\$100,000											
X		\$100,001-\$1,000,000											
X		\$1,000,001-\$5,000,000											
X		Over \$5,000,000											
X		Spouse/DC Income over \$1,000,000*											

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: JOHN J. WHALEN III

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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.

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	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$18,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
TIDAL REALTY	Spouse Salary	\$180,000.	\$180,000.

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

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.

Column K is for husbands held solely by your spouse or dependent child.

Creditor DSP CREDIT UNION	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
			A	B	C	D	E	F	G	H
Example DSP CREDIT UNION	5/20	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000							
Veteran	6/24	Loan	\$15,001-\$50,000							
		X	\$50,001-\$100,000							
		X	\$100,001-\$250,000							
		X	\$250,001-\$500,000							
		X	\$500,001-\$1,000,000							
		X	\$1,000,001-\$5,000,000							
		X	\$5,000,001-\$25,000,000							
		X	\$25,000,001-\$50,000,000							
		X	Over \$50,000,000							
		X	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.

Use additional sheets if more space is required.

Name: JON C. WHALEN

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SCHEDULE F – AGREEMENTS

Identify the date, perutes 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.

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.

Name	Source (Name and City/State)	Brief Description of Duties
James A. Smith	Dow Jones & Company, New York City	Associate Secretary

Example: Joe Jones & Smith, Homestown, State

Accounting Services

Use additional sheets if more space is required.