

UNITED STATES HOUSE OF REPRESENTATIVES

FORM B
For New Members, Candidates, and New Employees

MAY 15 2025

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FINANCIAL DISCLOSURE REPORT

LEGISLATIVE DOCUMENTS REFERENCE

Name: Michael Johnson

Daytime Telephone:

cc

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

Candidates - Date of Election:

State: FLORIDA
District: 07 Check if
Amendment

U.S. HOUSE OFFICE USE ONLY

FILER STATUS	<input checked="" type="checkbox"/> New Officer or Employee	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
	Employing Office: _____	Period Covered: January 1, 2024 to 15 May 2025

A \$200 penalty shall be assessed against any individual who files more than 30-days late.

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 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

- 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?
- 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 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

- J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes No 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: MICHAEL JOHNSON

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Michael Johnson

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BLOCK A		BLOCK B												BLOCK C												BLOCK D											
Assets and/or Income Sources		Value of Asset												Type of Income												Amount of Income											
ASSET NAME <small>(if applicable)</small>	EF																																				
NAVY FEDERAL CU		<input checked="" type="checkbox"/>												None												None											
Orlando, FL		<input checked="" type="checkbox"/>												\$1-\$1,000												I											
MIE-FINANCIAL		<input checked="" type="checkbox"/>												\$1,001-\$15,000												II											
Orlando, FL		<input checked="" type="checkbox"/>												\$15,001-\$50,000												III											
OPM		<input checked="" type="checkbox"/>												\$50,001-\$100,000												IV											
Boys, PA		<input checked="" type="checkbox"/>												\$100,001-\$250,000												V											
Tallahassee, FL		<input checked="" type="checkbox"/>												\$250,001-\$500,000												VI											
Social Security		<input checked="" type="checkbox"/>												\$500,001-\$1,000,000												VII											
Baltimore, MD		<input checked="" type="checkbox"/>												\$1,000,001-\$5,000,000												VIII											
CSRS Annuity		<input checked="" type="checkbox"/>												\$5,000,001-\$25,000,000												IX											
Boys, PA		<input checked="" type="checkbox"/>												\$25,000,001-\$50,000,000												X											
ERS Annuity		<input checked="" type="checkbox"/>												Over \$50,000,000												XI											
Thrift Savings Plan		<input checked="" type="checkbox"/>												Spouse/DC Asset over \$1,000,000*												XII											
Newark, NJ		<input checked="" type="checkbox"/>												NONE												I											
Other Type of Income (Specify: e.g., Partnership Income or Fictitious Income)														DIVIDENDS												II											
														RENT												III											
														INTEREST												IV											
														CAPITAL GAINS												V											
														EXCEPTED/BLIND TRUST												VI											
														TAX-DEFERRED												VII											
														Other Type of Income (Specify: e.g., Partnership Income or Fictitious Income)												VIII											
														None												IX											
														\$1-\$200												X											
														\$201-\$1,000												XI											
														\$1,001-\$2,500												XII											
														\$2,501-\$5,000												I											
														\$5,001-\$15,000												II											
														\$15,001-\$50,000												III											
														\$50,001-\$100,000												IV											
														\$100,001-\$1,000,000												V											
														\$1,000,001-\$5,000,000												VI											
														Over \$5,000,000												VII											
														Spouse/DC Income over \$1,000,000*												VIII											
														None												IX											
														\$1-\$200												X											
														\$201-\$1,000												XI											
														\$1,001-\$2,500												XII											
														\$2,501-\$5,000												I											
														\$5,001-\$15,000												II											
														\$15,001-\$50,000												III											
														\$50,001-\$100,000												IV											
														\$100,001-\$1,000,000												V											
														\$1,000,001-\$5,000,000												VI											
														Over \$5,000,000												VII											
														Spouse/DC Income over \$1,000,000*												VIII											

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOMEName: MICHAEL T JENKINSPage 4 of 5

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

Examples:

N/A

SCHEDULE D - LIABILITIES

Name: Michael Thunay

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Excludes:** 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	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
			A	B	C	D	E	F	G	H
First Bank of Wilmington, DE	6/20	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000							
Firstwind Credit Union	1/12	Equity Loan		\$15,001-\$50,000						
Orlando, FL	7/23	Credit Card			\$50,001-\$100,000					
Farmville Credit Union, Adams, NC	7/23	Auto Loan				\$100,001-\$250,000				
Navy Federal Cu						\$250,001-\$500,000				
Or Lincoln, FL	7/24	Credit Card				\$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				
						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.

SCHEDULE F – AGREEMENTS

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.

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 \$6,000. 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:	Accounting Services
Doe Jones & Smith, Hometown, State	

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Name _____

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Use additional sheets if more space is required.