

UNITED STATES HOUSE OF REPRESENTATIVES
2019 FINANCIAL DISCLOSURE STATEMENT

Form A
 For Use by Members, Officers, and Employees

LEGISLATIVE RESOURCE CENTER
 2020 JUL 28 AM 10:02
 ml

Name: Mike Thompson Daytime Telephone: (202) 225-3311

Individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CA</u> District: <u>05</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
	<input checked="" type="checkbox"/> 2019 Annual (Due: May 15, 2020)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination:	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</p> <p>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</p>

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mike Thompson

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
JT	Ownership of 2140 Finley Road East Finley, CA								X													Farm Income														
JT	Silverado Credit Union			X												X							X													
JT	Washington Mutual Fund																																			
SP	Adventist Health Care Retirement Plan - 401(a) Plan																																			
	-HHRP Gap Pres																																			
	-Van Inst Index																																			
	-Harbor Mid Gap																																			
	-Rince Total Return																																			
	-American Balanced																																			
	-Washington Mutual																																			
	-Black Rock																																			
	-US Debt Index																																			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mike Thompson

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	None																																			
	\$1-\$1,000																																			
	\$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*																																			
	SP Adventist Health Care Retirement Plan - 401(a) plan cont'd.																																			
	- General SDA US Equity Mkts Index																																			Purchases less than 1 yr
	- BlackRock																																			Purchases less than 1 yr
	Russell 3000 Index																																			Purchases less than 1 yr
	- BlackRock MSCI ACWI exUS Index																																			Purchases less than 1 yr
	- MFS Utilities																																			Purchases less than 1 yr
	- BlackRock LifePath Index Retr																																			Purchases less than 1 yr
	- BlackRock LifePath Index 2020																																			Purchases less than 1 yr

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mike Thompson

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction			
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g. Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, B(part), or E		
	SP Adventus Health Care Retirement Plan - 403(b) plan																																				
	- Pimco Total Return																																				
	- American Funds Amer. Balanced																																				
	- American Funds Wash Mutual																																				
	- TRP Inst Large Cap Growth																																				
	- AmeriCap SDA mid small cap Box																																				
	- CRM Mid Cap Value Fund																																				
	- American Funds Euro Pacific																																				

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mike Thompson

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction				
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership, Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, Gift, or E			
	SP Adventist Health Plan																																					
	Retirement Plan																																					
	403(b) plan - Cont'd																																					
	- Cohen & Steers																																					
	- Realty Shares																																					
	- MFS Utilities																																					
	- Hartford Global Health																																					
	- BlackRock US																																					
	- Debt Index																																					
	- Comerica SDH																																					
	- US Equity Mkts Index																																					
	- BlackRock Russell																																					
	3000 Index																																					
	- BlackRock MSCI																																					
	- ACWI ex US Index																																					

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mike Thompson

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	None																																			
	\$1-\$1,000																																			
	\$1,001-\$15,000																																			
	\$15,001-\$50,000																																			
	\$50,001-\$100,000																																			
	\$100,001-\$250,000																																			
	\$250,001-\$500,000																																			
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	\$5,000,001-\$25,000,000																																			
	\$25,000,001-\$50,000,000																																			
	Over \$50,000,000																																			
	Spouse/DC Asset over \$1,000,000*																																			
	SP Adventist Health Care Retirement Plan																																			
	403(b) Plan, Cont'd																																			
	- Black Rock																																			P
	LifePath Index Plan																																			P
	- Black Rock LifePath																																			P
	Index 2020																																			P

SCHEDULE B - TRANSACTIONS

Name: Mike Thompson

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period for investment or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent child, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

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

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Example Mega Corp. Stock			X		X	3/9/19		X									
SP	Adventist HealthCare Retirement Plan - 401(a) plan																	
	- Vanguard Inst Index		X				3/29/19		X									
	- Harbor Mid Cap		X				3/29/19		X									
	- Pimco Total Return		X				3/29/19		X									
	- American Balanced		X				3/29/19		X									
	- Washington Mutual		X				3/29/19		X									
	- Black Rock US Debt Index		X				6/3/19		X									
	- Black Rock US Debt Index		X				3/29/19			X								
	- Black Rock Russell 3000 Index		X				6/3/19		X									
	- Black Rock Russell 3000 Index		X				11/21/19		X									
	- MFS Utilities		X				3/29/19		X									
	- Black Rock Life Path Index Reti		X				11/15/19		X									
	- Black Rock Life Path Index 2020		X				3/29/19		X									
	- Black Rock Life Path Index 2020		X				6/3/19		X									
	- Black Rock Life Path Index 2020		X				11/15/19		X									

SCHEDULE B - TRANSACTIONS

Name: Mike Thompson

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period for any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.		Type of Transaction				Date (MM/DD/YYYY) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
SP, DC, JT		Purchase	Sale	Partial Sale	Exchange		A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
* Column K is for assets solely held by your spouse or dependent child.																	
SP	Example Mega Corp. Stock			X		3/9/19		X									
SP	Adventist HealthCare Retirement Plan - (403(b) Plan)																
	- Fidelity Total Return	X				3/29/19		X									
	- American Funds Ameri. Balanced		X			3/29/19		X									
	- American Funds Wash. Mutual		X			3/29/19		X									
	- TRP Inst. Large Cap Growth		X			3/29/19		X									
	- iAmerica SDA Mid Small Cap Index		X			3/29/19		X									
	- CRM Mid Cap Value Fund		X			3/29/19		X									
	- Ameri. Van Funds Europacific		X			3/29/19		X									
	- Cohen & Steers Realty Shares		X			3/29/19		X									
	- MFS Utilities		X			3/29/19		X									
	- Hartford Global Health		X			3/29/19		X									
	- BlackRock US Debt Index	X				3/29/19		X									
	- iShares S&P 500 ESG Index	X				3/29/19		X									
	- BlackRock Russell 3000 Index	X				4/12/19		X									
	- BlackRock Russell 3000 Index	X				4/16/19		X									
	- BlackRock Russell 3000 Index	X				4/30/19		X									
	- BlackRock Russell 3000 Index	X				5/14/19		X									

SCHEDULE B - TRANSACTIONS

Name: Mike Thompson

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

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

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quantity, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Example Mega Corp. Stock			X		X	3/9/19		X									
SP	Adventist Healthare Retirement Plan 403(b) - Cont'd																	
	-Black Rock Russell 3000 Index	X					5/28/19	X										
	-Black Rock MSCI ACWI Ex	X					3/29/19	X										
	US Index																	
	-Black Rock Life Path Index Ret	X					11/15/19	X										
	-Black Rock Life Path Index 2020		X				11/15/19	X										
	-Black Rock Life Path Index 2020	X					3/29/19	X										

SCHEDULE D - LIABILITIES

Name: Mike Thompson

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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. **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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$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	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/19	Mortgage on Rental Property, Dover, DE				X							
	ST American Hg Credit	9/02	Farm Development				X							

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position	Name of Organization