

UNITED STATES HOUSE OF REPRESENTATIVES

FORM B

FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

APR 30 2025 Page 1 of 2

LEGISLATIVE RESOURCE CENTER

2025 MAY -5 AM 11:57

Name: MICHAEL S WILCOX Daytime Telephone

FILER STATUS	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives	State: <u>NJ</u> District: <u>5</u>	<input type="checkbox"/> Check if Amendment
	Candidates – Date of Election:		
<input type="checkbox"/> New Officer or Employee	Staff Filer Type (If Applicable):		
Employing Office: _____		Shared <input type="checkbox"/>	Principal Assistant <input type="checkbox"/> to <u>DEZ 31 2024</u>
Period Covered: January 1, 2024			

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

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? Yes No
- b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

C. Did you or your spouse have "earned" income (e.g. salaries, honoraria, or pension/RA distributions) of \$200 or more during the reporting period?Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: WILHELM Page 2 of 7

BLOCK A																BLOCK B																BLOCK C															
Assets and/or Income Sources								Value of Asset								Type of Income								Amount of Income																							
<p>Identify (a) each asset held for investment or indicate value of asset at close of the reporting period. If you produced or income and with a fair market valuation a valuation method other than fair market value, please exceeding \$1,000 at the end of the reporting period, specify the method used.</p> <p>(b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p>																																															
<p>For all IRAs and other retirement plans (such as 401(k) plans), provide the value for each asset held in the accounts that exceed the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.</p>																																															
<p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and the geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest, in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p>																																															
<p>If you report a privately-held fund that is an Excepted Investment Fund, please check the EIF box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SPO) or dependent child (DC), or jointly held with anyone (JL), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>																																															
DC, JL SPO		None		A		B		C		D		E		F		G		H		I		J		K		L		M																			
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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: MICHAEL S WINDERS

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ASSET NAME ITEM	BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income												
				A	B	C	D	E	F	G	H	I	J	K	L	M
722 MONTGOMERY		None														
690 135		\$1-\$1,000														
GRACELAND WATER		\$1,001-\$15,000														
100 59 MEMBER		\$15,001-\$50,000														
18 201 TEE FUND		\$50,001-\$100,000														
39 THE PLACE		\$100,001-\$250,000														
201 PROJECTIONS FUND		\$250,001-\$500,000														
CREEK 17A VENT		\$500,001-\$1,000,000														
GRACELAND BLDG		Over \$1,000,000														
WEISER V		Spouse/DC Asset over \$1,000,000*														
CAESAR'S CASINO																
WEISER V WEISER V																
144 GRACELAND																
BR BRUNÉ																
BR BRUNÉ																
3 WING FARM																

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MICHAEL SWINER

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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											
			A	B	C	D	E	F	G	H	I	J	K	L
None														
\$1-\$1,000														
\$1,001-\$15,000														
\$16,001-\$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/OC Asset over \$1,000,000*														
NONE														
DIVIDENDS														
RENT														
INTEREST														
CAPITAL GAINS														
EXCEPTED/BLIND TRUST														
TAX-DEFERRED														
Other Type of Income (Specify, e.g., Partnership Income or Farm Income)														
None														
\$1-\$200														
\$201-\$1,000														
\$1,001-\$2,500														
\$2,501-\$5,000														
\$5,001-\$15,000														
\$15,001-\$50,000														
\$50,001-\$100,000														
\$100,001-\$1,000,000	X	X	X	X	X	X	X	X	X	X	X	X	X	
\$1,000,001-\$5,000,000														
Over \$5,000,000														
Spouse/OC Income over \$1,000,000*	X	X	X	X	X	X	X	X	X	X	X	X	X	
None														
\$1-\$200														
\$201-\$1,000														
\$1,001-\$2,500														
\$2,501-\$5,000														
\$5,001-\$15,000														
\$15,001-\$50,000														
\$50,001-\$100,000														
\$100,001-\$1,000,000	X	X	X	X	X	X	X	X	X	X	X	X	X	
\$1,000,001-\$5,000,000														
Over \$5,000,000														
Spouse/OC Income over \$1,000,000*	X	X	X	X	X	X	X	X	X	X	X	X	X	

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: MERTZ WIETS

Page 5 of 7

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.

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability						
			A	B	C	D	E	F	G
Example	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000					A
				\$15,001-\$50,000					B
				\$50,001-\$100,000					C
			X	\$100,001-\$250,000					D
				\$250,001-\$500,000					E
				\$500,001-\$1,000,000					F
				\$1,000,001-\$5,000,000					G
				\$5,000,001-\$25,000,000					H
				\$25,000,001-\$50,000,000					I
				Over \$50,000,000					J
				Over \$1,000,000* (Spouse/DC Liability)					K

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.

Position	Name of Organization

SCHEDULE C – EARNED INCOME

Name: MICHAEL - S WILDESS Page 6 of 2

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 2021 limit on outside earned income for Members and employees compensated at or above the "Senior staff" rate was \$28,585. The 2022 limit is \$29,895. 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	Current Year to Filing	Amount
Examples:			Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Otsego County Board of Education	Spouse Salary	N/A	N/A
WIDNER & WENGER PC	SAC	553,538	1,694,000
WIDNER & WENGER PC	SAC Spouse	30,769	75,000
Yeshiva University	SAC	3,150	10,000
CITY OF ENCLAWED	SAC	2,100	9,450

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.

Name: Michael Swinney	Page <u>7</u> of <u>7</u>
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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.

<p>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.</p>	
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hametown, State	Accounting Services WILDER & WEINBERG PC LEWIS & SONS CORNELL SCHOOL OF LAW PRODUCT Park

Use additional sheets if more space is required.