

UNITED STATES HOUSE OF REPRESENTATIVES
2024 FINANCIAL DISCLOSURE REPORT

Form A
For Use by Members, Officers, and Employees

LEGISLATIVE RESOURCE CENTER

2025 MAY 14 PM 2:33 (Office Use Only)

ML

Name: Mike Thompson

Daytime Telephone: (202) 225-3311

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
All reports are subject to review against any individual who files more than 30 days late.

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|--------------|---|---|--|--------------------------------------|---|
| FILER STATUS | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>CA</u> District: <u>09</u> | <input type="checkbox"/> Officer or Employee | Employing Office: _____ | Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> |
| | REPORT TYPE | <input checked="" type="checkbox"/> 2024 Annual (Due: May 15, 2025) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination | Date of Termination: _____ |

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

| | | | |
|--|---|---|---|
| A. Did you, your spouse, or your dependent children: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset 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? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| B. Did you, your spouse, or your dependent children purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | G. Did you, your spouse, or your dependent children receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period? | 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"/> | H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$480 in value from a single source during the reporting period? | 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 type="checkbox"/> No <input checked="" type="checkbox"/> | I. Did any individual or organization donate to charity in lieu of paying you for a speech, appearance, or article during the reporting period? | Yes <input type="checkbox"/> No <input checked="" 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? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | |

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

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|---|---|
| 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE B - TRANSACTIONS

| 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 children 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 | | | | 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) |
| SP, DC, JT | Asset | | | | | | | | | | | | | | | | | |
| SP | Example Mega Corp. Stock | | | X | | X | 3/9/2 | | X | | | | | | | | | |
| SP | Adventist Healthcare Retirement Plan 403(b) plan | | | | | | | | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 10/11/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 8/29/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 8/15/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 8/11/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 7/16/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 6/20/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 6/5/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 5/21/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 4/28/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 4/19/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 3/25/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 3/15/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 2/13/21 | X | | | | | | | | | | |
| | - Black Rock Lifepath Index Ret. | X | | | | | 1/30/21 | X | | | | | | | | | | |

FILER NOTES
(Optional)

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|----------------------------|---------------------------|
| Name: <u>Mike Thompson</u> | Page <u>7</u> of <u>7</u> |
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| NOTE NUMBER | NOTES |
|----------------|--|
| 1 | Bank name changed from First Republic Bank to Chase Bank |
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Use additional sheets if more space is required.