

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT**

For New Members, Candidates, and New Employees

**FORM B**

**AUG 11 2023**

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LEGISLATIVE RESOURCE CENTER

2023 AUG 15 PM 12:42

Name: George T Whitesides Daytime Telephone: \_\_\_\_\_

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>CA</u> District: <u>27</u>	<input type="checkbox"/> Check if Amendment
	Candidates - Date of Election: <u>March 5, 2024</u>		
New Officer or Employee	<input type="checkbox"/> Employing Office: _____	Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	
	Period Covered: January 1, _____ to _____		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>or</b> 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"/>	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 checked="" type="checkbox"/> No <input 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?	Yes <input checked="" type="checkbox"/> No <input 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"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>



















**SCHEDULE C - EARNED INCOME**

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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 spouse 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 2022 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$29,895. The 2023 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
<b>Examples:</b> ABC Trade Association, Baltimore, MD (July 15) State of Maryland Civil War Roundtable (Oct. 2) Orlando County Board of Education	Honorarium Salary Spouse Speech Spouse Salary	\$0 \$20,000 \$0 N/A	\$500 \$76,000 \$1,000 N/A
Galactic Co. LLC	Advisory Position	\$41,389	\$20,000
Galactic Enterprises LLC	Advisory Position	\$0	\$25,000

**SCHEDULE D - LIABILITIES**

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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. 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 \$10,001- \$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 Liability)	
	Example First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE				X								
JT	VBS	4/1/22	Line of Credit					X							

**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
Board Chairman	MegaFire Action
Partner	Convective Co2tral
Board Member	Antelope Valley Economic Development & Growth Enterprise
Co-Funder	Mission: AstroNews
Co-Chair	Aerospace Workshop, B3K Prosperity

Use additional sheets if more space is required.

**SCHEDULE D - LIABILITIES**

Name:

*George T Whitesides*

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				\$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	5/20	Mortgage on Rental Property, Dover, DE				X								

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Position	Name of Organization
Advisory Board	Alliance for Solid Innovation
Space Innovation Council	CalTech
Advisory Council	Mechanical and Aerospace Engineering Department, Princeton University
Space Advisory Board	Space-based Solar Power Project, CalTech
Mentor	Matthew Segalowitz Fellowship Program

Use additional sheets if more space is required.

**SCHEDULE D -- LIABILITIES**

Name: George T Whitesides Page 13 of 15

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	Example First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE				X								

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Position	Name of Organization
Advisory Council Member	Aurelia Inshure
Manager	Bluebird B LLC
Member	Osgrey Circle LLC
Member	Space Love LLC
Co-Chair (Not Current)	Antelope Valley Covid-19 Task Force

Use additional sheets if more space is required.

**SCHEDULE D - LIABILITIES**

Name: George T Whitesides Page 14 of 15

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				A	B	C	D	E	F	G	H	I	J	K	
	Example First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE	\$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	\$1,800,001- \$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)	
							X								

**SCHEDULE E - POSITIONS**

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Position	Name of Organization
Advisory Council Member (Not current)	Grant Magellan Telescope
Member (Not current)	Brooke Owens Fellowship
Chairman (Not current)	Space Advisory Board, Virgin Galactic

Use additional sheets if more space is required.

**SCHEDULE F - AGREEMENTS**

Name: George T. Whitesides Page 15 of 15

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.

Date	Parties to Agreement	Terms of Agreement
2020	Virgin Galactic LLC, Virgin Galactic Holdings, George Whitesides	Tickets (2) for rocket-powered spaceflight

**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.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, State	Accounting Services

Use additional sheets if more space is required.