

**UNITED STATES HOUSE OF REPRESENTATIVES
2025 FINANCIAL DISCLOSURE REPORT**

FORM B
For New Members Candidates and New Employees

MAR 09 2026

LEGISLATIVE RESOURCE CENTER

2026 MAR 17 PM 3 21

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES *CC*

Name STAR PARKER Daytime Telephone _____

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives State <u>CA</u> District <u>49</u> Candidates – Date of Election <u>November 2, 2026</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> New Officer or Employee Employing Office _____ Staff Filer Type (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> 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? <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"/>	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 checked="" type="checkbox"/> No <input type="checkbox"/>	J Did you receive compensation of more than \$5 000 from a single source in the current year and <u>two</u> prior years?	Yes <input checked="" type="checkbox"/> No <input 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

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 2025 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$33,285. The 2026 limit is \$33,855. 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
Examples			
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
Ontario County Board of Education	Spouse Salary	N/A	N/A
creators Syndicate	column earned	0	\$12,000
STAR PARKER COMMUNICATIONS, Inc	1099	\$2500	\$50,000
Ambassador Lectures	Honorarium	0	0
Premiere Speakers Agency	Honorarium	0	\$10,000
Prudential Insurance Annuity	Retirement	\$15,000	\$15,000

SCHEDULE D – LIABILITIES

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 children 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 children

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)
	<i>Example</i> First Bank Wilmington DE	5/25	Mortgage on Rental Property Dover DE				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
President	STAR PARKER COMMUNICATIONS, INC
Former President	Center for Urban Renewal & Education Retired 12/2024

SCHEDULE F – AGREEMENTS

Name <u>STAR PARKER</u>	Page <u>6</u> of <u>6</u>
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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
	n/a	

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 because of a privileged relationship recognized by law Do not repeat the information listed on Schedule C

Source (Name and City/State)	Brief Description of Duties
<i>Example</i> Doe Jones & Smith Hometown State	Accounting Services
Center for Urban Renewal, DC	Employed 1995-2024 as President to Promote Social Policy
Creators Syndicate, ^{weekly} column	Weekly Column - 2012 - present

Use additional sheets if more space is required