

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

**Form A**  
For Use by Members Officers and Employees

LEGISLATIVE PROCESS CENTER  
2026 APR 29 12 13  
OFFICE OF THE CLERK  
A \$200 penalty shall be assessed against any individual who files more than 30 days late  
DELIVERED  
MC

Name **THOMAS EARL EMMER JR** Daytime Telephone **202-225-2331**

FILER STATUS	<input checked="" type="checkbox"/> Member of the U S House of Representatives	State <b>MN</b> District <b>06</b>	<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"/> 2025 Annual (Due May 15 2026)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination _____	

<p><b>A</b> 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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>F</b> 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>B</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 checked="" type="checkbox"/></p>	<p><b>G</b> Did you your spouse or your dependent child receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>C</b> 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><b>H</b> 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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>D</b> 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><b>I</b> Did any individual or organization donate 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><b>E</b> 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><b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER YES</b></p>

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

<p><b>IPO</b> – 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><b>TRUSTS</b> – 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><b>EXEMPTION</b> – 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>

**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name **THOMAS EARL EMMER JR** Page **2** of **10**

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							
		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	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII				
SP	DC																																					
JT	SP	MGCPSK				X										X											X										S(part)	
	Ex mpt	S m & S h t																				R y l t				X												
		ABCH dg F d						X														P r u n s h i p					X											
		<b>JT CITIBANK IRA</b>																																				

Use additional sheets if more space is required







**SCHEDULE D – LIABILITIES**

Name THOMAS EARL FIMMER JR Page 6 of 10

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** 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)	
	Ex: mpt F t B k f W l m g t DE	5/25	M r t g g R t l P r t y D DE				X								
	1 <sup>st</sup> NATIONAL BANK VICTORIA		MORTGAGE PRIMARY RES				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

Use additional sheets if more space is required

**SCHEDULE F – AGREEMENTS**

Name <b>THOMAS EARL EMMER JR</b>	Page <b>7</b> of <b>10</b>
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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

**SCHEDULE G – GIFTS**

Report the source (by name) a brief description and the value of all gifts totaling more than \$480 received by you your spouse or your dependent child from any source during the year Exclude Gifts from relatives gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent) local meals and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of \$192 or less need not be added towards the \$480 disclosure threshold Note The gift rule (House Rule 25 clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics

Source	Description	Value
<i>Ex mpl</i>	M J phSm h A l gt VA Sil Platt (p d m t fp lf d hip df mth C mm tt Eth )	\$500

Use additional sheets if more space is required





