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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
2025 FINANCIAL DISCLOSURE REPORT

Form A
For Use by Members Officers and Employees

(Office Use Only)

Name Mike Thompson **Daytime Telephone** (202)225-3311

A $200 penalty shall be assessed against any individual who files more than 30 days late

FILER STATUS	☑ Member of the U S House of Representatives — State CA, District 4	☐ Officer or Employee — Employing Office _____	Staff Filer Type (If Applicable) — Shared ☐ Principal Assistant ☐
REPORT TYPE	☑ 2025 Annual (Due May 15 2026)	☐ Amendment	☐ Termination — Date of Termination _____

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? or b Receive more than $200 in unearned income from any reportable asset during the reporting period?	Yes ☑	No ☐	**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 ☐	No ☑
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?	Yes ☑	No ☐	**G** 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?	Yes ☐	No ☑
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 ☑	No ☐	**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 ☑	No ☐
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 ☑	No ☐	**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 ☐	No ☑
E Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes ☐	No ☑	**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER YES**		

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

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

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 ☐	No ☑
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 ☐	No ☑
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 ☐	No ☑

SCHEDULE A – ASSETS & "UNEARNED INCOME"

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BLOCK A — Assets and/or Income Sources

Id tify( ) h th ldf tm t prod u f i m dw h fl m rket l d g $1 000 th d fth p rti gp d d(b) y th p rt bl t rc f m th tg t dm th $200 d m d gth y

P ld mpl t m f t k d mut lfu d (d t lyti k ymb l)

F lt IRAs d th t m pla (h 401(k) pla)p ld th l f h th ld th t th t d th rep rti gth h ld

F b k d th h t t tal th m t ll t t b g t lf th t l ov $5 000 l ev ry f i li ut ti wh th m th $1 000 l i t re t b i g

F t l d th l p p rty h ld f i tm t, p d mpl t dd d ripti g re t l p p rty d ty d t t

F wn rshipi t ti p t ty-h ld b th i tp bl lytr d d t t th m fth b i th tu ft t d tsg g phi l tu Bl k A.

Ex t d Y p l id l d g d h m d ti h m (i th w t l m d g th p rti gp od) d y f l t re ti m d riv d f m f d l m p g m l d g h Thrift Savi g Pla

If y p rt p t ly t d d f d th t Ex pt d l tm t F d pl h k th EIF"b

If y hoo y may d te th t t i m ht f yo p (SP) d p d t hild (DC) j i tly h ld with ny (JT) th pu t t m th f l ft.

F d tal d d i f S h d l A req rem t pl f t th l t tu b kl t

BLOCK B — Value of Asset

I dicat l f t lo f th p rti gp d lfy t m th d th h f i m ket l pl p f yth m th d d

If tw ld d gth p rt gp d di l d d ly b itg t d m th t h ldb N

C l m Mi f t h ld by y p d p d t hild wh h yo h t re t

A	B	C	D	E	F	G	H	I	J	K	L	M
N	$1 $1 000	$1 001 $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	O $50 000 000	Sp /DCA t ov $1 000 000

BLOCK C — Type of Income

Ch k ll t m th t pply F t th tg t tax-d f rred m (h 401(k) IRA 529 ts) y m y h k th "T D f d l m Divid d l t d pi l g i If i t d m tb di l d i m f t h ld i tax bl ts Ch k N lf th etg t d i m d gth p rti gp l d

NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX DEFERRED	Oth Typ f l m (Sp fy g P rt hp In m F m Inc m)
	X						
							R y lti
							P rt hp l m

BLOCK D — Amount of Income

F t f wh h yo h k d "Tax D f rr d l Bl k C yo may h k th N l m F ll th t i di t th teg ry f m by h ki g th pprop t bo b l w Divid d Int t d pitalg l If l vest d m t b di l d i m f t h ld i taxabl t Ch k N f m w m d g ted

C l m XII f ts h ld by y po d p d t hild i wh hy h ve i t t

I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
N	$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	$1 000 001 $5 000 000	Ov $5 000 000	Sp /DCA t w th l m ov $1 000 000
			X								
		X									
				X							

BLOCK E — Transaction

I d t if th th d p rch (P) t (S) h g (E) d g $1 000 th p rt g p d

If ty p rt f t w td pl i d t f llows (S (p rt))

L th l m bla k if th t tt th tex d d $1 000

SP DC JT	Ex mpl		EIF	E
	SP	M g C p St k		S(p rt)
		Sm &S h te		
		ABC H dg F d	X	

		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX DEFERRED	Oth Typ f l m	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	E
JT	Bank of America								X									X						X										
JT	Chase Bank						X											X									X							
JT	Half Ownership								X								X											X						
	1435/1439 Kearney																																	
	Street, St Helena																																	
JT	Wells Fargo Bank								X									X											X					

Use additional sheets if more space is required

SCHEDULE A – ASSETS & "UNEARNED INCOME"

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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											BLOCK E: Transaction
			A: N	B: $1 $1 000	C: $1 001 $15 000	D: $15 001 $50 000	E: $50 001 $100 000	F: $100 001 $250 000	G: $250 001 $500 000	H: $500 001 $1 000 000	I: $1 000 001 $5 000 000	J: $5 000 001 $25 000 000	K: $25 000 001 $50 000 000	L: Ove $50 000 000	M: Sp e/DC A t ov r $1 000 000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX DEFERRED	Oth Typ f t m (Spe ify g P rt rship l m F m l m)	I: N	II: $1 $200	III: $201 $1 000	IV: $1 001 $2 500	V: $2 501 $5 000	VI: $5 001 $15 000	VII: $15 001 $50 000	VIII: $50 001 $100 000	IX: $100 001 $1 000 000	X: $1 000 001 $5 000 000	XI: Ove $5 000 000	XII: Sp e/DC A t w thl m ov $1 000 000	
SP DC JT	ASSET NAME	EIF																																	
JT	Ownership of 2140 Finley Road East Finley, CA									X												Form Incom												
JT	Silverado Credit Union									X								X									X							
JT	Washington Mutual Fund (AWSHX)						X									X			X						X									
SP	Adventist Health Care Retirement Plan - (401(a) plan - Ameritas SDA			X																	X		X											
	US Equity Market - Black Rock Lifepath Ret					X															X		X											
SP	Adventist Health Care Retirement Plan - 403 (b) plan - Ameritas SDA US Equity market				X																X		X											

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name Mike Thompson | Page 4 of 8

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: N	B: $1 $1 000	C: $1 001 $15 000	D: $15 001 $50 000	E: $50 001 $100 000	F: $100 001 $250 000	G: $250 001 $500 000	H: $500 001 $1 000 000	I: $1 000 001 $5 000 000	J: $5 000 001 $25 000 000	K: $25 000 001 $50 000 000	L: Ove $50 000 000	M: Sp e/DC A t $1 000 000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BUND TRUST	TAX DEFERRED	Oth Typ of I m (Sp ify g P rt hipI m F m I m)	I: N	II: $1 $200	III: $201 $1 000	IV: $1 001 $2 500	V: $2 501 $5 000	VI: $5 001 $15 000	VII: $15 001 $50 000	VIII: $50 001 $100 000	IX: $100 001 $1 000 000	X: $1 000 001 $5 000 000	XI: Ove $5 000 000	XII: Sp /DC A t w th I m ov $1 000 000	
SP DC JT	ASSET NAME	EIF																																
SP	Adventist Health Care Retirement Plan 403(b) plan cont'd - Black Rock Life path Index Retirement									X											X		X										P
JT	Chase Bank							X										X						X									
JT	Redwood Credit Union									X								X						X									

SCHEDULE B – TRANSACTIONS

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R p rt y p h l ex h g t cti th t d d $1 000 th p rti g p d f y ty l p p rty h ld by yo y p yo d p d t h ldf i tm t th p d ti fi m l l d t t h t lt d i p t l l P ovid b f d pt f ex h g tr t Ex l d tr cti b tw yo yo p d p d t hildre th p h l fy p l id l t g t d tal m lf ly p rt f t ld pl h p rti l l th typ f t t

C plt l G l lf t tra ti lt d i prt l g l th t d d $200 h k th p tal g box l i wa i ta -d f rred t d d l th p t l g i l m S h d l A.

C l m K i f t l ty h ld by y p d p d t hild

SP DC JT	Asset	P h	S l	P rt S l	E h g	Ch k B lf C plt l G i E d d $200	Date (MO/DA/YR) Q rt rly M thly B w kly f ppli bl	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 O $50 000 000	K O $1 000 000 (Sp /DC
SP	*Exampl* M g C p St k			X		X	3/9/25		X									
SP	Adventist Healthcare Retirement Plan 403 (b) plan																	
	-Black Rock Lifepath Index Ret	X					1/28/25	X										
	-Black Rock Lifepath Index Ret.	X					2/14/25	X										
	-Black Rock Lifepath Index Ret	X					2/26/25	X										
	-Black Rock Lifepath Index Ret	X					4/10/25	X										
	-Black Rock Lifepath Index Ret	X					5/22/25	X										
	-Black Rock Lifepath Index Ret	X					7/17/25	X										
	-Black Rock Lifepath Index Ret	X					9/25/25	X										
	-Black Rock Lifepath Index Ret	X					11/6/25	X										
	-Black Rock Lifepath Index Ret	X					11/21/25	X										
	-Black Rock Lifepath Index Ret	X					12/5/25	X										
	-Black Rock Lifepath Index Ret.	X					12/19/25	X										
	-Black Rock Lifepath Index Ret	X					12/31/25	X										

Use additional sheets if more space is required

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 a 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 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**
Examples	K Stat	App dT h gF	$6 000
	St t fM ryta d	L g t tiv P i	$18 000
	CivilW R dt bl (Oct 2)	Sp Sp h	$1 000
	O t C ty Bo d f Ed ti	Sp u Satary	N/A
St. Helena Hospital		Spouse Salary	N/A

Use additional sheets if more space is required

SCHEDULE D – LIABILITIES

Name Mike Thompson	Page 7 of 8

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** 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 O e $1 000 000 (Spouse/DC Liability)
	Ex mpl F tB k fWlm gt DE	5/25	M rtg g R talP p rty D ve DE	X			X							
JT	Chase Bank	12/25	Revolving Charge Account											

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 H – TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary dates and nature of expenses provided for travel and travel related expenses totaling more than $480 received by you your spouse or your dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor s expense Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor

EXCLUDE Travel related expenses provided by federal state and local governments or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA 5 U S C § 7342) political travel that is required to be reported under the Federal Election Campaign Act travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer

S		D t ( )	City f D p rt D ti ti n-City f R t rn	Lodgi g? (Y/N)	F d? (Y/N)	F mily M mb l t d d? (Y/N)
Ex mpl	G mm t f Chi (MECEA)	A g 6-11	DC-B j g Ch DC	Y	Y	N
	H bit tf H m ty (Ch ty F d l)	M 3-4	DC B t DC	Y	Y	Y
The Aspen Institute, Inc. (Congressional Program)		April 21-25	San Francisco, Milan Italy, San Francisco	Y	Y	Y

Use additional sheets if more space is required