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UNITED STATES HOUSE OF REPRESENTATIVES
2025 FINANCIAL DISCLOSURE REPORT

Form A
For Use by Members Officers and Employees

Name Keith Self **Daytime Telephone** _____

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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

FILER STATUS	[X] Member of the U S House of Representatives — State TX, District 3	[ ] Officer or Employee — Employing Office _____	Staff Filer Type (If Applicable): Shared [ ] Principal Assistant [ ]
REPORT TYPE	[ ] 2025 Annual (Due May 15 2026)	[X] 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 [X]	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 [X]
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 [X]	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 [X]
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 [X]	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 [X]	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 [X]	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 [X]
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 [X]	**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 [X]
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 [X]
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 [X]

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name Keith Self

BLOCK A	BLOCK B													BLOCK C								BLOCK D											BLOCK E
Assets and/or Income Sources	**Value of Asset**													**Type of Income**								**Amount of Income**											**Transaction**
Identify ( ) h th ld f i tm t p od ~ti f i m d with fair m k t val d g $1 000 t th d fth p rti gp n d d(b) y th portable ass t fl m th tg t dm than $200 med i m d g th y Pro ld mpl t m f to ks d mut f u d (d t ly ti ke symb ls) For ll IRA d th ti m t pla (h 401(k) pla)p vid th lu f h th ld i th t th tex ds the rep rting th holds. F bank d th ash ac ts t tal th m t ll nt est-b g t If th t tal ove $5 000 l t every F r t tut t wh e the is more th $1 000 -b g t For t l d th l pf perty h ld f nve tm t, p ov d mpl t dd d pt g tal p p rty d ity d t t F wne h pl t re tln p tely h ld b l th t sn t p bu ly tr ded tate th m f the b ss th tu fits th t es dit g g phi loc ts Block A. Ex t d You p nal re id i l ding d homes d va u homes (le the wa tal m du l g th rep rting p riod) d ny f na i l nt e t n m d rived from f d l u m t pr gram f d g th Thrift S vi g Pl If y rep rt p t ly traded f nd that Ex pt d l ve tm t F d pl h k th EIF b If yo h yo may ind t th t t m rce that f yo p (SP) d p d t hild (DC) o jointly held with ny (JT) n th pt al l m th f l ft. F d t l d di l f Sch d l A req m ts ple ref t th tr t b klet	Id ti u f sset at lose of th p rting p od If you valu tion m th d th th fa market l pl p ify th m th d ed If tw ld d g th porting p n d end ncl d d only beca tg e t d om th l e sho ld be None C t m Mi f t h ld by y p d p d h ld whi h) h n i t t													Ch k ll l mn th t pply F m th tg rat t -d f di m (h 401(k) IRA, 529 t) yo m y heck th T D f rred i m Divid d i t t, d pit t g l If i ve t d m t b di lo ed m f t h ld i t ble nts Ch k N n if the ass t g nerated l m d i g th rep rting p riod								Fo ss ts f wh h yo heck d T D f d (Block C yo m y h k th Non col m o ll th ass ts I d cate th teg ry f incom by h ki g th pprop ri t b b low Di ld d i t re t, d pit t gal If rel ve ted m b di l ed i m f t h ld i ta ble t Check No f no ncome was ea ned or generated Col m XIII i f et h ld by y p d p d t hild f whi hy have int t.											Id ti t f th th d p h (P) sal (S) h ges (E) ex di g $1 000 th p rting p od If nly porti f t w ld pl se l di t f llows (S (p rt)) Le e this colum blank f there r tr ti th tex ded $1 000
	A	B	C	D	E	F	G	H	I	J	K	L	M									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	Non	$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	Over $50 000 000	Sp /DC A s t ove $1 000 000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Oth Type of i om (Specify .g. P rt rship Incom F m Inc m)	Non	$1 $200	$201-$1 000	$1 001 $2,500	$2 ,01-$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	Ove $5 000 000	Spa e/DC A s t with Inc m ov $1 000 000	
SP DC JT																																		
	Ex mple SP	M g C rp Stock					X								X										X								S(p rt)
		S mon & Sch ste			Indef te																Royalti			X									
		ABC Hedge F d	X					X													P rt hp In ome				X								
SP	Merck + Co Inc			X										X									X											
SP	Chevron Corp			X										X										X									
SP	AT+T			X										X									X										
SP	Exxon Mobile Corp			X										X										X									
SP	IBM			X										X									X										
SP	Warner Bros - Discovery		X											X								X											

Use additional sheets if more space is required

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name	Keith Self	Page	3 of 6

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: Spo e/DCA et ver $1 000 000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Oth Type fI m (Spo ify L P t nship Inc m F rm l om)	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: Spo e/DC Asset with I m ve $1 000 000	
SP DC JT	ASSET NAME	EIF																																
SP	Organon & Co			X												X							X											
SP	Kyndry Holdings Inc			X												X							X											
	Science Applications Intl Corp			X												X								X										
	Leidos Holdings Inc				X											X								X										
SP	Vanguard Strategic Equity Fund									X						X			X		X		X											
	Vanguard Balanced Index Fund						X									X			X		X		X											
SP	Vanguard Dividend Growth Fund					X										X			X		X					X								
SP	Vanguard Large Cap Index Fund							X								X			X		X						X							
	metals							X															X											
SP	FDIC Insured Deposit Account					X													X						X									
JT	USAA Bank Accounts							X											X							X								
	Texas County District Retirement System					X																Pension					4th Qtr	X						
	Defense Finance and Accounting						X															Pension							X					

SCHEDULE B – TRANSACTIONS

Name	Page 4 of 6

Report each purchase, sale, or exchange by you, your spouse, or your dependent children of property, stocks, bonds (including zero coupon bonds), commodities futures, and options that exceeded $1,000 in amount at any time during the reporting period. For your own and your dependent children's holdings, estimate the approximate frequency of transactions (i.e., indicate whether additional transactions are common, rare, or in between). Exclude transactions between you, your spouse, or your dependent children. Describe the property sufficiently so that the purchaser, seller, and the property interest involved may be readily identified. Provide a full description of exchanges. Report purchases and sales of assets held for investment purposes, not those made in the ordinary course of your personal residence, automobile, household, or business. Do not report transactions solely by reference to a mutual fund prospectus or fund family. Do not report qualified blind trusts. **Capital Gain** – If you realized a capital gain in excess of $200 during any transaction you had to hold for more than one year to receive favorable tax treatment, and you disclose that transaction in Part IV, you must also report the transaction in this Schedule B. Cl m K f ss t l yh ld by yo spo se rd p d t hld	Type of Transaction					Date	Amount of Transaction										
	P rch se	Sal	Part al Sal	Excha p	Check Bo fC p t l G i E ce d d $200	(MO/DA/YR) Q rt rly M thly Bi we kly f appl cable	A $1 001	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 Ove $50 000 000	K Ove $1 000 000 (Spouse/DC
SP DC IT	**Asset**																
SP	*Ex mpl*	Mega Co p Sto k		X		X	3/9/25		X								
	Vanguard Strategic Equity Fund		X				3/4/24	X									
	Vanguard Balanced Index Fund			X		X	3/4/24			X							

Use additional sheets if more space is required

SCHEDULE C – EARNED INCOME

Name	Keith Self	Page 5 of 6

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	Approv d T hng F	$6 000
	St t f M ryta d	Legi t tiv P i	$18 000
	C lW R dt bl (Oct 2)	Sp Spe h	$1 000
	O ta C nty B rd f Ed cati	Spo Sal ry	N/A
Texas County District Retirement System		Pension	$48,470.64
Vanguard Strategic Equity Fund		Sale	$ 4,018.09
Vanguard Balanced Index Fund		Sale	$ 75,000.00
Vanguard Large Cap Index Fund		Distribution	$ 8,728.11
Vanguard Dividend Growth Fund		Distribution	$ 2,035.23

Use additional sheets if more space is required

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name Keith Self	Page 6 of 6

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

So		D te( )	City fD p rt re-D ti tion-City fR t rn	Lodgi g? (Y/N)	F od? (Y/N)	Family M mber l l d d? (Y/N)
E mpl	Gov rnm t f Ch na (MECEA)	Aug. 6-11	DC Beij g, Chi DC	Y	Y	N
	H bitat f H m ity (Ch ty F d i r)	M 3-4	DC-B st n-DC	Y	Y	Y
Prime Minister, Hungary, CPAC		April 24-27	DC - Budapest - DC	Y	Y	Y
Former Members of Congress / Bundestag		June 28 - July 3	DC - Dusseldorf - Berlin - DC	Y	Y	No

Use additional sheets if more space is required