Filing ID #10076486

Financial Disclosure Report

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Filer Information

Name: Mr. Robert David Cooper II
Status: Congressional Candidate
State/District: FL06

Filing Information

Filing Type: Candidate Report
Filing Year: 2026
Filing Date: 06/21/2026
Period Covered: 01/01/2025– 05/20/2026

Schedule A: Assets and "Unearned" Income

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
iShares U.S. Large Cap Premium Income Active ETF (BALI) [EF] Description: Stocks purchases	JT	$1 - $1,000	Dividends	$201 - $1,000	$201 - $1,000
pension [PE] Description: Pension	SP	$50,001 - $100,000	retirement	$5,001 - $15,000	$15,001 - $50,000
Rental Property [RP] Location: Lecanto/Citrus, FL, US Description: Mobile home	SP	$100,001 - $250,000	Rent	$2,501 - $5,000	$5,001 - $15,000
Retirement [IH] Description: Retirement IRA	JT	$1,001 - $15,000	Dividends	$1,001 - $2,500	$201 - $1,000

* For the complete list of asset type abbreviations, please visit https://fd.house.gov/reference/asset-type-codes.aspx.

Schedule C: Earned Income

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Zero Hour Life Center	Salary	$55,461.00	$100,000.00
Zero Hour Life Center	spouse Salary	$55,416.00	$100,000.00

Schedule D: Liabilities

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	IRS	April 2026	2025 personal tax owed	$15,001 - $50,000

Schedule E: Positions

Position	Name of Organization
President	Zero Hour life Center
Chairman	Langley Health Center

Schedule F: Agreements

None disclosed.

Schedule J: Compensation in Excess of $5,000 Paid by One Source

None disclosed.

Exclusions of Spouse, Dependent, or Trust Information

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 benefiting 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 dependent child because they meet all three tests for exemption?

○ Yes ◉ No

Certification and Signature

☑ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Mr. Robert David Cooper II, 06/21/2026