

UNITED STATES HOUSE OF REPRESENTATIVES
2025 FINANCIAL DISCLOSURE REPORT

FORM B
For New Members, Candidates, and New Employees

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MAY 12 2026

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U.S. HOUSE OF REPRESENTATIVES

Name: Eliott Rodriguez

Daytime Telephone: _____

FILER STATUS	☒ New Member or Candidate for U.S. House of Representatives State: <u>FL</u> District: <u>27</u> Candidates -- Date of Election: <u>8/18/26</u> & <u>11/3/26</u>	☐ Check if Amendment
	☐ New Officer or Employee Employing Office: _____ Staff Filer Type (If Applicable): Shared ☐ Principal Assistant ☐	Period Covered: January 1, <u>2025</u> to <u>April 15, 2026</u>

RELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. 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 ☒ 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 ☐
II. 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 ☐	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 ☒
III. Did you, your spouse, or your dependent child have any reportable ability (more than \$10,000) at any point during the reporting period? Yes ☐ No ☒	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes ☒ No ☐

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 ☐ No ☒
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 ☐ No ☒

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																							
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.			Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.													Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.										For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest.																							
			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 Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year													
																					I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII					
SP, DC, JT		EIF																																															
Examples:	Mega Corp Stock				X										X								X													X													
	Simon & Schuster		Indefinite																		Royalties																												
	ABC Hedge Fund	X					X																		X														X										
	BLACKROCK STRATEGIC INCOME - INST.				X										X			X						X														X											
	JP MORGAN ULTRA-SHORT INCOME ETF			X											X								X													X													
	DODGE & COX INCOME FUND						X							X								X												X															
	THORNBURG LTD TERM INCOME - INST.					X								X									X											X															

Use additional sheets if more space is required.

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Use additional sheets if more space is required.

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Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: ELIOTT RABRIGER

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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 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.

[illegible]

SCHEDULE F - AGREEMENTS

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Eliott Rodriguez

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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 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
Example: Doe Jones & Smith, Hometown, State	Accounting Services
NONE	
Reported on SCH C	