

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE REPORT	FORM B For New Members Candidates and New Employees
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Name Joan Vondras Daytime Telephone _____

FILER STATUS	☒	New Member of or Candidate for U S House of Representatives	State <u>MO</u> District <u>D2</u>	☐ Check if Amendment	
		Candidates – Date of Election <u>11/03/26</u>			
	☐	New Officer or Employee Employing Office _____	Staff Filer Type (If Applicable) Shared ☐ Principal Assistant ☐	Period Covered January 1 <u>2025</u> to <u>April 20, 2026</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late

LEGISLATIVE RESOURCE CENTER
 2026 JUN -3 PM 2 04
 OFFICE OF THE CLERK
 US HOUSE OF REPRESENTATIVES

CC

HAND DELIVERED

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

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? <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 ☒
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 ☐	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 ☒
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 ☐	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”

Name: Joan Von Dras

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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

Joan VonBros

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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 2024 limit on outside earned income for Members and employees compensated at or above the senior staff rate was \$31,815. The 2025 limit is \$33,285. 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 D – LIABILITIES

Name

Joan VonDras

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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 children. **Mark the highest amount owed during the reporting period.** **New 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	B	C	D	E	F	G	H	I	J	K
					\$10 001 \$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	Over \$1 000 000 (Spouse/DC Liability)
	E mpt	F t B k f W l m g t DE	5/20	Mortgage n Rental Property Do er DE				X							
	Carrolton Bank		1/26	Equity Loan				1	X						

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, 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. **New Members and second year candidates** report positions held in the reporting period and the current calendar year. **First year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization

Use additional sheets if more space is required

SCHEDULE F – AGREEMENTS

Name

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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 as a result 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
<i>Examp</i>	Doe Jones & Smith Hometown State	Accounting Services

Use additional sheets if more space is required

FILER NOTES
(Optional)

Name

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Use additional sheets if more space is required