AUG 01 2026

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members Candidates and New Employees

CC

LEGISLATIVE RESOURCE CENTER
2026 AUG -5 PM 12 31
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES
(Office Use Only)

Name Steve Friess **Daytime Telephone** 307

FILER STATUS

- [x] New Member of or Candidate for U S House of Representatives — State WY, District At large
  Candidates – Date of Election _____
- [ ] Check if Amendment
- [ ] New Officer or Employee — Employing Office _____
  Staff Filer Type (If Applicable) Shared [ ] Principal Assistant [ ]
- Period Covered January 1 2025 to June 13 2026

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

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? or b Receive more than $200 in unearned income from any reportable asset during the reporting period?	Yes	[x]	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 [x] 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	[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]
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]	J Did you receive compensation of more than $5 000 from a single source in the current year and two prior years? Yes [x] 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	[x]
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	[x]	No	[ ]

SCHEDULE A – ASSETS & "UNEARNED INCOME"

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BLOCK A – Assets and/or Income Sources

Id ntify (a) each asset held for investment or production of ncome and with a fa r market value exceed ng $1 000 t the end of the reporting period and (b) any other reportable asset or source of income which gen rated more than $200 n nearned income d ring th y ar

Prov de complete names of stocks nd mutual funds (do not use only ticker symbols)

F r all IRAs and other retirement plans (such as 401(k) plans) prov de the alue for each asset held n the account that exceeds the reporting thresholds

For bank and other cash accounts total the amo nt n all nterest bearing acco nts If the total s over $5 000 list every financial nstitution where there is more than $1 000 n nterest bearing accounts

For rental and oth r real property held for nvestment, provide a complete address or descnption *e g* rental property and a city and state

For an ownership interest in a privately held business that s not p bli ly traded state the name of the business the nature of ts activities a d its geograph location n Block A

Ex lud Yo r personal residence, ncluding second homes and v cation homes (*unless* there was rental ncome d ring the reporting period) and any financial inte est in or income derived from a federal retirement program including the Thrift Savings Pl n.

If you report a privately traded fund that is an Excepted Investment Fund please check the EIF box

If you so choose you may ind cate that an asset or ncome source is that of your spouse (SP) or dependent child (DC) or jointly held with anyone (JT) n the optional column on the far left.

For a deta led discuss on of Schedule A requirements please refe to the instruction booklet.

BLOCK B – Value of Asset

Indicate value of asset at close of th eporting period If you use a valuation method the than fa r market val e please specify the method used

If an asset was sold during th reporti g period and is included only because it generated ncome the value should be None

Col mn M is for assets held by your spouse o dependent child which y have no interest.

BLOCK C – Type of Income

Check all columns that apply For accounts that gen rate tax-deferred income (such as 401(K) IRA, or 529 acco nts) y u may check th "Tax-Deferred" column **Dividends, interest and capital gains** von If elnvested must be disclosed as Inc me for ssets h ld ta able ccounts Check None if the asset generated no income d ring the reporting penod

BLOCK D – Amount of Income

For assets for which you hecked "Tax Deferred in Block C you may check the None column For all other assets nd cate the category of income by checking the appropriate box below **Dividends interest, nd capital gains eve if reinvested must be disclosed** s in ome for assets held in taxable accounts Check None if no income was earned orgenerated

Col mn XII is for assets held by your spouse or dependent ch ld in which you have n interest.

SP DC, JT		EIF	Block B: A None	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 Over $50,000,000	M Spouse/DC Asset over $1 000,000"	Block C: 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 I None	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 Over $5,000,000	XII Spouse/DC Income over $1 000,000"	Preceding Year I None	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 Over $5,000,000	XII Spouse/DC Income over $1 000,000"
	Examples: Mesa Coin Stock						X									X																													
	Simon & Schuster		Indefinite																				Royalties				X																		
	ABC Hedge Fund	X							X														Partnership Income						X																
	Schwab Brokerage Account (Cash)				X											X								X												X								
	PASF I				X															X					X												X							
	DTX VC Fund I, LP								x							x								x												x							
	The Stephen A Fries Revocabl Trust DTD 5 27 05										X									X												X								X			

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & " UNEARNED

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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																							
																							Current Year													Preceding Year											
SP DC, JT	ASSET NAME	EF	A None	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 Over $50,000,000	M Spouse/DC Asset over $1 000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify e.g., Partnership Income or Farm Income)	I None	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 Over $5,000,000	XII Spouse/DC Income over $1 000,000*	I None	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 Over $5,000,000	XII Spouse/DC Income over $1 000,000*
	Foster & Lynetta Friess Descendants' Trust FBO Stephen Friess	The Pol	J									X								X												X												X		
	Friess Revocable Trust UA DTD 10.23.1998										X									X											X												X		
	Polly Jackson Friess Cust For: Foster Thatcher Friess UTMA									X										X											X												X		
	Polly Jackson Friess Cu odian or Virgini nce Friess UTMA										X									X											X												X		
	Polly Jackson Friess Custodian For Sarah Keen Friess UTMA									X										X										X												X		
	Polly Jackson Friess Cust For: Jackson Wolcott Friess UTMA										X									X											X												X		
	Foster & Lynetta Friess Descendants' Trust FBO Stephen Friess										X									X											X												X		
	AMG Boston Common Global Impact Fund BRWIX				X												X								X														X						
	ARISTIDES FUND CP LP		X														X	X			X										X												X		
	Wells Fargo Savings Friess, Inc account				X															X				X												X									
JT	Wells Fargo Savings account									X										X					X												X									
JT	Wells Fargo Checking account					X														X					X												X									
JT	Well Fargo CD		X																	X				X												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 both the filer and filer's 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 2020 limit on outside earned income for Members and employees compensated at or above the senior staff" rate was $28 845 The 2021 limit is $29 595 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** Current Year to Filing	Preceding Year
Examples	ABC Trade Association, Baltimo , MD (July 15)	Honorarium	$0	$500
	State of Maryland	Salary	$20 000	$76 000
	Civil War Roundtable (Oct 2)	Spouse Speech	$0	$1 000
	Ontario Cou ty Board of Education	Spouse Salary	N/A	N/A
Friess Inc		Salary	$37 500	$75 000
Lynn Foster Friess Family Foundation		Salary	$10 250	$41 000

Use additional sheets if more space is required

SCHEDULE D – LIABILITIES

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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 child **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 dependentchild

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 Over $1 000 000 (Spouse/DC Liability)
	Example First Bank of Wilmington DE	5/20	Mortgage on Rental Property Dover DE				X							
	N/A													

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
President	Friess Inc
Director Treasurer	Flourish Foundation
Director	TYL Management Corp
Secretary & Treasurer	Lynn & Foster Friess Family Foundation
Director	Private Sector Solutions Advocacy Fund
Manager	Hemlock of Rice Lake LLC

Use additional sheets if more space is required

SCHEDULE F – AGREEMENTS

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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
	N/A	

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 information listed on Schedule C**

Source (Name and City/State)		Brief Description of Duties
Example	Doe Jones & Smith Hometown State	Accounting Services
Private Sector Solutions Advocacy Fund Jackson WY		Philanthropic services

Use additional sheets if more space is required

FILER NOTES
(Optional)

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NOTE NUMBER	NOTES

Use additional sheets if more space is required.