

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005**

**FORM A** Page 1  
For use by Members, officers, and employees

**HAND DELIVERED**

John L. Mica  
(Full Name)

LEGISLATIVE RESOURCE CENTER: *MC*

2195 Via Tuscany Winter Park, FL 32789  
(Mailing Address)

202-225-4035  
Daytime Telephone:

2006 MAY 12 PM 12:03

**Filer Status**

Member of the U.S. House of Representatives  
State: FL District: 07

Officer Or Employee  
Employing Office:

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**Report Type**

Annual (May 15)  Amendment  Termination

Termination Date:

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**


<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS**

<p><b>Trusts--</b> Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Exemptions--</b> 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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

<p>Certification</p>	<p>Signature of Reporting Individual</p>	<p>Date (Month, Day, Year)</p>
<p>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</p>		<p>5/11/06</p>

**SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

Name John L. Mica

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Diageo North America	Appearance	Mar. 8, 2005	\$1,000

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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<p align="center"><b>BLOCK A</b></p> <p align="center"><b>Asset and/or Income Source</b></p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.</p>	<p align="center"><b>BLOCK B</b></p> <p align="center"><b>Year-End Value of Asset</b></p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p align="center"><b>BLOCK C</b></p> <p align="center"><b>Type of Income</b></p> <p>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p>	<p align="center"><b>BLOCK D</b></p> <p align="center"><b>Amount of Income</b></p> <p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.</p>	<p align="center"><b>BLOCK E</b></p> <p align="center"><b>Transaction</b></p> <p>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.</p>
<p>15 3rd Street NE Wash. DC, Units 2, 4, 5 &amp; two garage units</p>	<p>\$500,001 - \$1,000,000</p>	<p>RENT</p>	<p>\$15,001 - \$50,000</p>	
<p>305 E Capitol St SE, Wash. DC, 50% interest rental unit</p>	<p>\$250,001 - \$500,000</p>	<p>RENT</p>	<p>\$5,001 - \$15,000</p>	
<p>Park Lake Woods Condo Rental, units 8B, 9B, Maitland, FL</p>	<p>\$100,001 - \$250,000</p>	<p>RENT</p>	<p>\$5,001 - \$15,000</p>	
<p>2195 Via Tuscany, Winter Park FL</p>	<p>\$500,001 - \$1,000,000</p>	<p>None, personal residence</p>	<p>NONE</p>	
<p>Lot 21 &amp; 22, Chetola Estates, Blowing Rock, NC</p>	<p>\$500,001 - \$1,000,000</p>	<p>None, personal residence</p>	<p>NONE</p>	
<p>1305 S Atlantic Ave, Unit 130, Cocoa Beach, FL</p>	<p>\$250,001 - \$500,000</p>	<p>None, personal residence</p>	<p>NONE</p>	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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	Wright Patman Congressional Fed Credit Union	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	Metropolitan Life Annuity	\$100,001 - \$250,000	None	NONE	
	Commerce National Bank & Trust, Winter Park, FL	\$1 - \$1,000	INTEREST	\$1 - \$200	
	Wachovia Bank, Winter Park, FL, Time Deposit (IRA)	\$50,001 - \$100,000	INTEREST reinvested	\$2,501 - \$5,000	
	Fifth Third Bank, Maitland, FL	\$500,001 - \$1,000,000	INTEREST	\$15,001 - \$50,000	

**SCHEDULE V - 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 dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Washington Mutual Savings	Mortgage on Units 8B & 9B, Park Lake Woods Condominium	\$15,001 - \$50,000