

2025 JUN - 4 PH12:44

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE REPORT

Name: <u>Paul R. Legg</u>	Daytime Telephone: <u>207-592-5175</u>
FILER STATUS	New Member or Candidate for U.S. House of Representatives State: <u>ME</u> District: <u>02</u> Candidates - Date of Election <u>NOV 2024</u>
New Officer or Employee	Staff File Type (if Applicable): <input type="checkbox"/> Check if Amendment <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
Employing Office:	Period Covered January 1, <u>2025</u> to <u>DEC 31, 2025</u>
<p style="text-align: right;">(Office Use Only)</p> <p style="text-align: right;">U.S. HOUSE OF REPRESENTATIVES</p> <p style="text-align: right;">CP</p> <p>A \$200 penalty shall be assessed against any individual who files more than 30-days late.</p>	

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? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input type="checkbox"/>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$6,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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 "exempted 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Paul R. LePAGE

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Assets and/or Income Sources											
BLOCK A											BLOCK B
Value of Asset											Type of Income
											Amount of Income
											BLOCK C
											BLOCK D
ASSET NAME											DEF
IT EVER BANK											X
VAL MURK											X
											None
											\$1-\$1,000
											\$1,001-\$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
											Spouse/DC Assets 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)
											None
											\$1-\$200
											\$201-\$1,000
											\$1,001-\$2,500
											\$2,501-\$5,000
											\$5,001-\$15,000
											\$15,001-\$50,000
											\$50,001-\$100,000
											\$100,001-\$1,000,000
											\$1,000,001-\$5,000,000
											\$5,000,001-\$25,000,000
											Over \$5,000,000
											Spouse/DC Income over \$1,000,000
											Current Year
											Preceding Year

SCHEDULE C – EARNED INCOME

Name: PAUL R. LEPAGE

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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 and their spouse, list the source and amount of any honoraria. List only the source for other spouses' estimated income exceeding \$1,000. See exemption

EXCLUDE: military pay (such as National Guard or Reserves pay), federal government programs, and certain revenue received under the Small Business Job Protection Act of 2000.

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.

Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore MD (May 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$19,000
Civil War Roundtable (Oct 2)	Spouse Speech	\$0	\$1,000
Otsego County Board of Education	Spouse Salary	N/A	N/A
SOCIAL SECURITY (PAUL)	Retirement	50,204	48,447
SOCIAL SECURITY (ANN)	Retirement	20,362	9,803
STATE OF MAINE (PAUL)	Retirement	29,034	29,247
COOK'S LANDINC (ANN)	Spouse Salary	20,804	11,114
COOK'S LANDINC (PAUL)	Salary	24,55	-

SCHEDULE D – LIABILITIES

Name: _____
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their 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 child."

Creditor DC/IT	Date Incurred MO/YR	Type of Liability	Amount of Liability						
			A	B	C	D	E	F	G
Example	First Bank of Wilmington, DE	5/20	\$10,001-\$15,000						A
JT Shawnee Moody	5/2025	lease Rent D/P.	\$15,001-\$50,000						B
			\$50,001-\$100,000						C
			\$100,001-\$250,000	X					D
			\$250,001-\$500,000						E
			\$500,001-\$1,000,000						F
			\$1,000,001-\$5,000,000						G
			\$5,000,001-\$25,000,000						H
			\$25,000,001-\$50,000,000						I
			Over \$50,000,000						J
			Over \$1,000,000* (Spouse/DC Liability)						K

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 current calendar year and two previous years.

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

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.

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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.

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
Example	Doe Jones & Smith, Hometown, State	Accounting Services

Use additional sheets if more space is required.