

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE REPORTPage 1 of 25
LEGISLATIVE RESOURCE CENTER

2025 JUN -4 PM 12:44

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVESName: Paul R. LaPage Daytime Telephone: 202-572-5175

(Office Use Only)

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State, <u>ME</u> District, <u>02</u>	<input type="checkbox"/> Check if Amendment	Period Covered January 1, <u>2025</u> to <u>Dec 31, 2025</u>	A \$200 penalty shall be assessed against any individual who files more than 30-days late.
	<input type="checkbox"/> Candidates - Date of Election <u>Nov, 2026</u>				
<input type="checkbox"/> New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant				

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 <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"/>
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"/>	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"/>
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"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	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 "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 <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"/>

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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

SP
ASSET NAME
ET

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)

1 None
2 \$1-\$200
3 \$201-\$1,000
4 \$1,001-\$2,500
5 \$2,501-\$5,000
6 \$5,001-\$15,000
7 \$15,001-\$50,000
8 \$50,001-\$100,000
9 \$100,001-\$1,000,000
10 \$1,000,001-\$5,000,000
11 Over \$5,000,000
12 Spouse/DC Income over \$1,000,000*

1 None
2 \$1-\$200
3 \$201-\$1,000
4 \$1,001-\$2,500
5 \$2,501-\$5,000
6 \$5,001-\$15,000
7 \$15,001-\$50,000
8 \$50,001-\$100,000
9 \$100,001-\$1,000,000
10 \$1,000,001-\$5,000,000
11 Over \$5,000,000
12 Spouse/DC Income over \$1,000,000*

Current Year

Preceding Year

SP
EVER. BANK

SP
VAL. MARK

See additional sheets if more space is required.

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[illegible]

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.

Name of Organization

Use additional sheets if more space is required.

Name: _____ Page 5 of 5

[illegible]

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. Excluded: 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.

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