

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES
2023 FINANCIAL DISCLOSURE REPORT

Form A
For Use by Members, Officers, and Employees

Name: Eric Michael Blakis

Daytime Telephone: (202) 225-7455

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

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FL</u> District: <u>15</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input type="checkbox"/> 2023 Annual (Due May 15, 2024)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

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 <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 checked="" type="checkbox"/> No <input type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gifts totaling more than \$480 in value from a single source during the reporting period?	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"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$480 in value from a single source during the reporting period?	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"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable position during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IP0 - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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, transactions, or liabilities of a spouse or your 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"

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BLOCK A		BLOCK B													BLOCK C								BLOCK D													BLOCK E
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income													Transaction
<p>Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) provide the name for each asset held in the account that exceeds the reporting threshold.</p> <p>For bank and other cash accounts, money market accounts, and other financial accounts, provide the name of the institution, the account number, and the opening date.</p> <p>For real and other real property held for investment, provide a complete address or other data, e.g., "rental property," and a city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, also the name of the business, the nature of its activities, and the geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless they are rental properties during the reporting period); any financial interest in, or income derived from, a future investment project, including the "Tribal Savings Plan."</p> <p>If you report a privately-traded fund that is not disclosed in the Investment Fund, please check the "IFF" box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (S), or dependent child (DC), or jointly held with anyone (J), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>		<p>Indicate value of asset at the end of the reporting period. If you use a valuation method other than the market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."</p> <p>Column B is for assets held by your spouse or dependent child to which you have no interest.</p>													<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Tax-exempt income held in taxable accounts. Check "None" if the asset generated no income during the reporting period.</p>								<p>For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category or location by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.</p> <p>Column D is for assets held by your spouse or dependent child to which you have no interest.</p>													<p>If only a portion of an asset was sold, please indicate as follows: (S) (Selling), (D) (Donating), (G) (Gift), (E) (Eating), (O) (Other), (N) (None), (P) (Partial), (R) (Rental), (T) (Transfer), (U) (Unknown), (V) (Value), (W) (With), (X) (X), (Y) (Y), (Z) (Z).</p>
SP, DC, J, or S	Asset Name	A	B	C	D	E	F	G	H	I	J	K	L	M	None	Dividends	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/NO INCOME	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Private Income)	NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	Other	
	Example: ABC Corp. Stock																																			
	Example: ABC Hedge Fund																																			
	EMPHILOTS (S)																																			
	507 INCORP																																			
	Abrahamson Mutual Holdings INCORPORATED																																			

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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: The 2023 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2024 limit is \$31,815. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

[illegible]

SCHEDULE D - LIABILITIES

Name: Gus Michael Bilirakis Page 7 of 11

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. 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 report 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.

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)
Example	First Bank of Wilmington, DE	6/00	Mortgage on Rental Property, Dover, DE				X							
	Prudential	11/2014	Loan of Life INS		X									
JT	Wells Fargo	7/30/2014	Personal Residence					X						
	Salic Mate	6/2014	son's student loan			X								
	USDOE	8/2017	son's student loans			X								
	Professional Credit Union	4/21/22	car loan		X									

SCHEDULE D - LIABILITIES 12/31/22 Credit card X

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position	Name of Organization
ADVISOR	NEWPORT RICHEY MARINE INSTITUTE (non-profit - uncompensated)
ADVISOR	Lighthouse of Diablos (non-profit - uncompensated)
ADVISOR	Green Children's Fund and All Children's Hospital (non-profit - uncompensated)
ADVISOR (honorary chair)	Nat. Legacy Biliarakis Archives, SPC (non-profit uncompensated)

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
At Retirement	Gus Michael Beltrakis & State of Florida (not self-directed)	Upon retirement age, benefit to be paid upon age 1 years of service. Benefit amount + based on this formula.

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$400 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are jointly independent of his or her relationship to you. Gifts with a value of \$102 or less need not be added towards the \$400 disclosure threshold. Note: The gift rule (House Rules 26, clause 9) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Stew. Fisher (prior determination of personal friendship waived from the Committee on Ethics)	\$200

FILER NOTES
(Optional)

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NOTE NUMBER	NOTES
1	Even though the Congressman's two eldest sons are no longer his dependents, the Congressman did personally sign to guarantee their law school loans - as such both are listed as a liability
2	Line of Credit from Congressional Credit Union was paid off during 2023. On 12/31/2023, the balance was below \$5,000 and is such this is no longer listed on the financial disclosure as a liability