PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: JUS Michael Bilinakis E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? 2016 FINANCIAL DISCLOSURE STATEMENT C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the A. Did you, your spouse, or your dependent child: UNITED STATES HOUSE OF REPRESENTATIVES D. Did you, your spouse, or your dependent child have any reportable fability (more than \$10,000) at any point during the reporting period? reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, self, or REPORT FILER end of the reporting period? <u>or</u>
b. Receive more than \$200 in unearmed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? 2016 Annual (Due: May 15, 2017) House of Representatives Member of the U.S. State: District: ₹ |<u>*</u> |* ž Z s ₹ |<u>\</u> Daytime Telephone: 202-225-5755 Amendment * For Use by Members, Officers, and Employees H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? 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? 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single Employee Officer or Employing Office Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. (Office Use Only)): The older!
U.S. HOUSE OF ALFRESE NORTHES Shared Staff Filer Type: (If Applicable) HAND DELIVERED, LECISLATIVE Page A of 1 **3** š 3 ř 2017 MAY 15 PM 1: 03 X ž Principal Assistant ¥ ž ¥ 区

IPO - 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.

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.

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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?

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	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your apouse, or your	Type of Transaction		Date				≥	Amount of		Transaction	9	1		
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	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unbess it was an asset in a tox-deferred account, and disclose the capital gain income on Schedule A.	chapp is isi Salu	nek Bax II C	West, I	001- 5,000	i 901-), 800),801- 10,000	00,001- 60,000	60,001- 10,000	10,001 000,000	000,001- 000,600	000,001- 1,000,000	,900,061- 1.000,000	m \$50,000,	# \$1,000,0 ################################
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SCHEDULE C - EARNED INCOME

Name: GUS Michael Bilirakis	
Page 12 of 17	

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 a 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: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765, in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

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\$ 78	Teachina Fee	University of South Florida (USF)
047,4\$	Teaching Fee	St. Petersbung College (SPC)
\$1,000 N/A	Spouse Speed) Spouse Salary	Ļ
\$18,000 \$18,000	Approved Feathing Fee Legislative Pension	Examples: Size of Wayters
Amount	Туре	Source (include date of receipt for honoraria)

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 flabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are necessarily flabilities); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally flabilities); and flabilities over 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.

							A	Amount of Liability	î of Li	THILD				
8	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$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 Lieb#ity)
	Example First Bank of Winnington, DE	REVS	Mortgage on Rental Property, Dover, UE				×							
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	Prudential	N0/2014	Loan on Life Insurant		X									
1.3g	Sollie Moie	1102 bru	Student Loans 1			X								
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, lebor 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.

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Name of Organization	Position

SCHEDULE F - AGREEMENTS

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Identify the da continuation of employer.	ate, parties to, and general terms of any agreement or arrangement that you han or deferral of payments by a former or current employer other than the U.S. gow	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
1	Bus Michael Bilirakus and State of I	Upon retirementage, benefit to be paid
ement	Fiorida legislators Benefit	based on age and vegrs of service.
Age	Pension Plan (Defined Pension	Benefit amount and total value
J	Plan - NOT self directed).	of pension can not be determined
		at the present time.

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all glifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude:
Gifts from relatives, glifts of personal hospitality from an individual, local meals, and glifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The glift rule (House Rule 25, clause 5) prohibits acceptance of glifts except as specifically provided in the rule.

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Source	Description	Value
Exemple: Mr. Joseph Smith, Arlington, VA	Sheer Platter (determination of personal therotable received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

S	
Name: GUS	
Michael B	
Bilirakis	
Page 15 of	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Peturn	Lodging? (YM)	Food? (Y7N)	Family Macriber Included? (YAN)
	Government of China (MECEA)	Aug 5-11	DC-enjing, China-OC	γ	4	Z
a de la companya de l	Habital for Humanity (charly fund sizes)	Mer. 3-4	DC-Boden-DC	γ	Y	٧

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: GUS	
Michael	
Name: GUS Michael Bilirakis Page 16 of 15	
Page 16	
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List the source confidential Is	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 paying an honorarium to you. A separate confidential list of charities receiving such payments must be filled directly with the Committee on Ethics.	of an event to a charitable organization	n in lieu of paying an honora	rium to you. A separate
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2016 Aug. 13, 2016	\$2,000 \$500
		:		
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		surrendered for their cash values.	applicable capital gain reported on Schedule A. Policies	policies closed in 2016 (reported on Schedule B)	Prudential and State Farm Variable Life Insurance	reported on Schedule BY reported on Schedule A.	JT- Total Systems Syc Inc capital agin, from stock sale	Item included in disclosure since increase invalue requires reporting.	NOTES	