

HAND
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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
2017 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

Name: Eus Michael Billirakis Daytime Telephone: 202-225-5755

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>12</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2017 Annual (Due: May 15, 2018)	<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? <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"/>	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 checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 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 \$350 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 positions 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

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.	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"/>

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Use additional sheets if more space is required.

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Use additional sheets if more space is required

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Bus Michael Bilirakis

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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													BLOCK E Transaction	
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	DC2 Ford Motor Co (STOCK)																																			
	DC2 Ralston Financial (CORP STOCK)																																			
	DC3 Ford Motor (CORP STOCK)																																			
	DC3 Ralston Financial (CORP STOCK)																																			
	DC4 Ralston Financial (CORP STOCK)																																			
	DC4 Ford Motor (CORP STOCK)																																			
	DC4 Ralston Financial (CORP STOCK)																																			

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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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											BLOCK E Transaction			
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, W (early), or E	
	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 Asset over \$1,000,000*																																			
	None																																			
	\$1-\$1,000																																			
	\$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																																			
	Over \$5,000,000																																			
	Spouse/DC Asset with income over \$1,000,000*																																			

SCHEDULE B - TRANSACTIONS

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Report any purchase, sale, or exchange transactions that exceeded \$1,200 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent child, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please check "partial sale" as the type of transaction.		Type of Transaction				Date (MO/DA/YR) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
SP, DC, JT		Purchase	Sale	Partial Sale	Exchange		A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	DC, JT	Asset															
	Example	Mega Corp. Stock															
Note 1	DC-1	FL Prepaid College Tuition				3/8/17											
Note 1	DC-2	FL Prepaid College Tuition				12/31/17											
	JT	SUNWEST BANK INC (STOCK)				12/31/17											
	JT	WELLS FARGO BANK (STOCK)				9/18/17											
Note 1	JT	WELLS FARGO BANK (STOCK)				12/21/17											
Note 1	DC-1	PORT OF BANK (STOCK)				8/01/17											
Note 7	DC-3	PORT OF BANK (STOCK)				8/01/17											
Note 8	DC-2	PORT OF BANK (STOCK)				8/01/17											
Note 12	DC-4	PORT OF BANK (STOCK)				8/01/17											
Note 13	DC-4	PORT OF BANK (STOCK)				8/01/17											

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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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. 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

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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 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 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.

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	5/15	Mortgage on Rental Property, Dover, DE				X							
JT	PNC Mortgage	Nov 2011	Personal Residence					X						
JT	Synovus Bank	Nov 2011	Personal Residence		X									
	Prudential	Nov 2014	London Life Insurance		X									
DC-1	Sallie Mae	Aug 2014	Student Loans			X								
DC-2	USDOF	Mar 2017	Student Loans		X									

SCHEDULE E - POSITIONS

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
ADVISORY	New Port-Richmond Marine Inst (nonprofit, uncompensated position)
ADVISORY	Lighthouse of Pine Hills (nonprofit, uncompensated position)
ADVISORY (Honorary Chairman)	Greek Childrens Fund All Childrens Hospital (nonprofit, uncompensated position)
ADVISORY (Honorary Chairman)	Veterans Educ Bilirakis Archives St Petersburg College (uncompensated position)

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Date	Parties to Agreement	Terms of Agreement
At Retirement Age	Eus Michael Bilirakis and State of Florida Legislators Benefit Pension Plan (Defined Pension Plan - NOT self directed)	Upon retirement age, benefit to be paid based on age and years of service. Benefit amount and total value of pension can not be determined at the present time.

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 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, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

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Use additional sheets if more space is required.

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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 (F.G.D.A., 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.

[illegible]

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FILER NOTES
(Optional)

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NOTE NUMBER	NOTES
1	DC-1 * DC-2 FL Prepaid Collage Tuition Used Entirely
2	DC-1 Rite Aid Stock fell below reportable value
3	DC-2 Rite Aid Stock fell below reportable value
4	DC-3 Merck & Co Stock fell below reportable value
5	DC-4 Rite Aid Stock fell below reportable value
6	Patriot Bank Stock merged into National Commerce Corp
7	DC-1 Patriot Bank Stock merged into National Commerce Corp
8	DC-3 Patriot Bank Stock merged into National Commerce Corp
9	DC-2 Merck & Co Stock fell below reportable value
10	DC-3 Rite Aid Stock fell below reportable value
11	DC-4 Rite Aid Stock fell below reportable value
12	DC-2 Patriot Bank Stock merged into National Commerce Corp
13	DC-4 Patriot Bank Stock merged into National Commerce Corp