

UNITED STATES HOUSE OF REPRESENTATIVES
2013 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2014 JUL 14 PM 4:41

(Office Use Only)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Name: Gus Michael Bilirakis Daytime Telephone: 202-225-5755

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>Florida</u> District: <u>12</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	REPORT TYPE	<input checked="" type="checkbox"/> 2013 Annual (Due: May 15, 2014)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Date: _____

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</p> <p>b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</p>

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

<p>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.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, 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.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Bus Michael Bilirakis Page 2 of 16

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset													BLOCK C Type of Income										BLOCK D Amount of Income												BLOCK E Transaction
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. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting threshold. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.			Indicate value of asset at close of the reporting period. If you use a valuation method other than fair 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." *Column M is for assets held by your spouse or dependent child in which you have no interest.													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 for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.										For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income 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. *Column XII is for assets held by your spouse or dependent child in which you have no interest.												Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows (S (part))
			A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	INTEREST	CAPITAL GAINS	EXCEPTED INVESTMENT FUND	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				
			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	DIVIDENDS	INTEREST	CAPITAL GAINS	EXCEPTED INVESTMENT FUND	TAX-DEFERRED	Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	None	\$1-\$200	\$201-\$500	\$501-\$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*	P, S, S(part), or E		
SP		SP Mega Corp. Stock					X										X																				S(part)	
DC		Simon & Schuster																			Royalties																	
JT		ABC Hedge Fund							X												Partnership Income																	
		Empty Lots (S) Ocala																																				
		Blossomhills, Ocala																																				
		FL (50% interest)																																				
		1 FL Prepaid (S) by turn																																		E (Partial)		
		not self-directed																																				
		2 FL Prepaid (S) by turn																																		E (Partial)		
		not self-directed																																				

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Gus M Birakis Page 3 of 16

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income										BLOCK D Amount of Income												BLOCK E Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L	M											NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
		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	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	Over \$5,000,000	Spouse/DC Asset with income over \$1,000,000	P, S, S(part), or E			
SP, DC, JT	ASSET NAME																																					
DC	3 Florida Repaid to tuition not self directed			X												X								X														
DC	4 Florida Repaid College tuition not self directed			X												X								X														
JT	Pk of America Check			X														X						X														
JT	Walton's org. Cult Trust			X														X						X														
JT	Prudential Financial Inc Stock			X														X						X														
JT	Singtel Bank Inc Stock			X														X						X														
JT	Telcel Systems S de RL de CV Stock			X														X						X										Partial				
JT	Wells Fargo Co Stock			X														X						X										Partial				
DC	Kia Motor Co Stock			X														X						X														

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Name: Gus M. Biliak

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Name: Mrs M. B. Kerk's Page 5 of 14

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Julia M. Biliak's Page 6 of 14

BLOCK A Asset and/or Income Source		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, Spouse, or E	
	State Farm Mutual Universal Life Ins																																			
	Int. Equity Supplemental																																			
	State Farm Variable																																			
	Universal Life Ins																																			
	Large Cap Equity Fund																																			
	State Farm Ind. Acc.																																			
	Variable Universal Life																																			
	State Street Bond Fund																																			
	State Farm Variable																																			
	Universal Life Ins																																			
	Fixed Asset																																			
	11A-CDE Mercury																																			
	Mercury																																			
	SPACELIS 12.841																																			
	Savings Account																																			

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Name: Greg M. Blanks Page 7 of 16

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Gas M. Bilinski's Page 8 of 16

BLOCK A Asset and/or Income Source		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	
	DC - Grade Class - TF																																			
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	DC - Grade Class - TF																																			
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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 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 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

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Position	Name of Organization
Advisory	New Port Richey Marine Inst (non profit, uncompensated position)
Advisory	Lighthouse of Pinellas (non profit, uncompensated position)
Advisory (honorary chairman)	Greek Children's Fund - All Children's Hospital (non profit, uncompensated position)
Advisory (honorary chairman)	Veterans Legacy Billirakis Archives St. Pete College (uncompensated position)

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SCHEDULE F – AGREEMENTS

Name: <u>Gus M. Bilirakis</u>	Page <u>12</u> of <u>16</u>
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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 age	Gus M. Bilirakis and State of Florida <input type="checkbox"/> 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 cannot be determined at present time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE G – GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a 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 \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEGISLATIVE ETHICS DIVISION

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EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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.

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Name: Gus M. Bilisakis Page 14 of 16

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1	Schedule A - Addition of Asset due to value exceeding \$1,000 Rite Aid Corp (Stock)
2	Schedule A - Addition of Unearned Income - FL Prepaid College Tuition - De2 - began using the plan and received a 1999 statement showing the distribution and the associated earnings. Only a portion of the asset was used.
3	Schedule A - Deletion of item due to sale in 2012 of law office Building - Holiday, FL
4	Schedule A - Deletion of item due to decreased value below threshold since filing of 2012 financial disclosure statement - Bank of America checking

