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U.S. HOUSE OF REPRESENTATIVES

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<b>UNITED STATES HOUSE OF REPRESENTATIVES</b>		<b>Form A</b>	
<b>2014 FINANCIAL DISCLOSURE STATEMENT</b>		For Use by Members, Officers, and Employees	
Name: <u>Gus Michael Bilirakis</u>		Daytime Telephone: <u>202-225-5755</u>	
		(Office Use Only)	
<b>FILER STATUS</b>	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>FL</u> District: <u>12</u>	<input type="checkbox"/> Officer or Employee
<b>REPORT TYPE</b>	<input checked="" type="checkbox"/> 2014 Annual (Due: May 15, 2015)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination
		Date of Termination: _____	

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<b>A.</b> 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. Make more than \$200 in unearned income from any reportable asset during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>F.</b> 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>B.</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"/>	<b>G.</b> Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>C.</b> 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"/>	<b>H.</b> 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>D.</b> 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"/>	<b>I.</b> 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"/>
<b>E.</b> 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"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>

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

<b>IPO</b> - 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"/>
<b>TRUSTS</b> - 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 your dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> - 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.**

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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: Gus Michael Billarakis Page 7 of 18

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	
	Prudential Variable Life Insurance																																			
	Value Fund																																			
	Prudential Variable Life Insurance																																			
	Equity Fund																																			
	Prudential Variable Life Insurance																																			
	Natural Resource Fund																																			
	State Farm Variable Universal Life Insurance																																			
	Small Cap Equity Index Fund																																			

**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Eus Michael Bilirakis Page 8 of 18

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)	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE		
		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-\$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*		
	State Farm Variable Universal Life																																			
	Investment Company of America																																			
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**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Chris Michael Bilirakis Page 9 of 18

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	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	SP, DC, JT, or E	
		TIAA CREF FUND																																			
		Market Account																																			
		SP Wells Fargo																																			
		Savings Account																																			
		DC-1 Wells Fargo																																			
		Savings Account																																			
		DC-2 Wells Fargo																																			
		Savings Account																																			
		DC-3 Wells Fargo																																			
		Savings Account																																			
		DC-4 Wells Fargo																																			
		Savings Account																																			
		Prudential																																			
		Whole Life																																			
		Insurance																																			

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**Use additional sheets if more space is required.**

**SCHEDULE B -- TRANSACTIONS**

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SP, DC, JT			Asset	Type of Transaction				Check Box if Capital Gain Computed \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
				Purchase	Sale	Partial Sale	Exchange			A \$1,001 - \$12,500	B \$12,501 - \$25,000	C \$25,001 - \$50,000	D \$50,001 - \$75,000	E \$75,001 - \$100,000	F \$100,001 - \$250,000	G \$250,001 - \$500,000	H \$500,001 - \$750,000	I \$750,001 - \$1,000,000	J Over \$1,000,000	K Over \$1,000,000 Reported DC Asset
SP	Example	High Corp. Stock			X			X	3/5/14		X									
JT		Prudential Financial Inc Stock			X			X	11/6/14	X										
JT		SunTrust Banks Inc Stock			X				11/6/14	X										
DC-3		JP Morgan US Gov Money Market				X			01/14	X										
DC-1		JP Morgan US Gov Money Market				X			01/14	X										
DC-4		Rite Aid Corp Stock	X						10/08/14	X										

Use additional sheets if more space is required.

## SCHEDULE C – EARNED INCOME

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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 2014 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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Use additional sheets if more space is required.

**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	5/98	Mortgage on Rental Property, Dover, DE				X							
JT	PNC Mortgage	Nov 2011	Personal Residence					X						
JT	Synovus Bank	Nov 2011	Personal Residence		X									
DC	Prudential	Nov 2014	Loan on Life Insurance		X									
	Sallie Mae	Aug 2014	Student Loans		X									

Note 4  
Note 5

**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 Richey Marine Inst. (nonprofit, uncompensated position).
Advisory	Lighthouse of Pinellas (nonprofit, uncompensated position).
Advisory/Honorary Chairman	Greek Childrens Fund All Childrens Hospital (nonprofit, uncompensated position).
Advisory/Honorary Chairman	Veterans Legacy Billarakis Archives - St. Petersburg College (uncompensated position).

Use additional sheets if more space is required.

# 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 Age	Gus 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.

# SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 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 \$150 or less need not be added towards the \$375 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
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

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 (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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Use additional sheets if more space is required.

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**Use additional sheets if more space is required.**



FILER NOTES  
(Optional)

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NOTE NUMBER	NOTES
1	Schedule A- Addition of asset due to value exceeding \$1,000. Regions Financial Corp (stock)
2	Schedule A- Addition of asset due to value exceeding \$1,000. Rite Aid Corp (stock)
3	Schedule A- Addition of asset due to exchange of JP Morgan US Gov Money Market into Raymond James Deposit Account (money market account).
4	Schedule D- Addition of Prudential Loan taken in November of 2014.

Use additional sheets if more space is required.

**FILER NOTES**  
(Optional)

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Use additional sheets if more space is required.