

✓ HAND  
DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT		Form A For Use by Members, Officers, and Employees		LEGISLATIVE RESOURCE CENTER Page 1 of 16 16 MAY 13 PM 3:28 (Office Use Only) MC	
Name: <u>Gus Michael Bilirakis</u> Daytime Telephone: <u>202-225-5756</u>					
FILER STATUS	<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	OFFICE OF THE CLERK HOUSE OF REPRESENTATIVES A 200... more... day...	
REPORT TYPE	<input checked="" type="checkbox"/> Initial (due May 15, 2015)	<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 (not as joint owner) more than 1% at the end of the reporting period; or b. Make more than \$1,000 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you, your spouse, or your dependent child receive any reportable payment or arrangement (other than honoraria) outside the reporting period or in the current calendar year up to and including the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
G. Did you, your spouse, or your dependent child purchase, sell, or otherwise acquire 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"/>	H. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$1,000 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 distributions) of \$10,000 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$1,000 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"/>	J. 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 to and including 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 securities 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 first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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







Page 6 of 16

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

Name: Gus Michael Billarakis

Page 7 of 9

BLOCK A Asset and/or Income Source		BLOCK B 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	Dividends	Rent	Interest	Capital Gains	Excess Capital Gains	Other Income	Other Income	N	O	P	Q	R		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000	1000	1000	1000	1000		
State Farm Variable Universal Life Insurance Policy		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000									1000						

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **Gus Michael Bilirakis**

Page **8** of **16**

BLOCK A Asset and/or Income Source		BLOCK B Type of Asset													BLOCK C Type of Income										BLOCK D Amount of Income												BLOCK E Transaction
No.	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	N	NOSE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED AND TRUST	TAX-DEFERRED	Other Types of Income	1-200	201-400	401-600	601-800	801-1000	Over 1000	None							
		1	SP Wells Fargo																																		
2	Savings Account																																				
3	SP Wells Fargo																																				
4	Savings Account																																				
5	SP Wells Fargo																																				
6	Savings Account																																				
7	SP Wells Fargo																																				
8	Savings Account																																				
9	SP Wells Fargo																																				
10	Savings Account																																				
11	SP Wells Fargo																																				
12	Savings Account																																				
13	SP Wells Fargo																																				
14	Savings Account																																				
15	SP Wells Fargo																																				
16	Savings Account																																				
17	SP Wells Fargo																																				
18	Savings Account																																				
19	SP Wells Fargo																																				
20	Savings Account																																				
21	SP Wells Fargo																																				
22	Savings Account																																				
23	SP Wells Fargo																																				
24	Savings Account																																				
25	SP Wells Fargo																																				
26	Savings Account																																				
27	SP Wells Fargo																																				
28	Savings Account																																				
29	SP Wells Fargo																																				
30	Savings Account																																				
31	SP Wells Fargo																																				
32	Savings Account																																				
33	SP Wells Fargo																																				
34	Savings Account																																				
35	SP Wells Fargo																																				
36	Savings Account																																				
37	SP Wells Fargo																																				
38	Savings Account																																				
39	SP Wells Fargo																																				
40	Savings Account																																				
41	SP Wells Fargo																																				
42	Savings Account																																				
43	SP Wells Fargo																																				
44	Savings Account																																				
45	SP Wells Fargo																																				
46	Savings Account																																				
47	SP Wells Fargo																																				
48	Savings Account																																				
49	SP Wells Fargo																																				
50	Savings Account																																				

Use additional sheets if more space is required





Use additional sheets if more space is required.

Name: Gus Michael Bitirakis

Page 11 of 16

EXCLUDE: Military pay (such as "allowance" or "reserve pay"), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** The 20% limit on outside earned income for members and employees compensated at or above

**INCOME LIMITS AND PROHIBITED INCOME:** The 2017 limit on outside earned income for members and employees compensated at or above the "senior staff" rate is \$27,227. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

[illegible]

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Gus Michael Bilirakis

Page 12 of 16

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 are required to report all liabilities secured by real property including mortgages on their personal residence. E.g., 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 if the balance at the close of the reporting period exceeded \$10,000. Column 1 is for liabilities held solely by your spouse or dependent child.

Creditor	Date Liability Incurred	Type of Liability	Amount of Liability										
			A	B	C	D	E	F	G	H	I	J	K
			\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1,000,000	\$1,000,001 to \$5,000,000	\$5,000,001 to \$10,000,000	\$10,000,001 to \$50,000,000	\$50,000,001 to \$100,000,000	\$100,000,001 to \$500,000,000	\$500,000,001 to \$1,000,000,000	\$1,000,000,001 to \$5,000,000,000
JT PNC Mortgage	Nov 2011	Personal Residence											
JT Synovus Bank	Nov 2011	Personal Residence											
Prudential	Nov 2014	Personal Life Insurance											
DC-1 Sallie Mae	Aug 2014	Student Loans											

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. 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	National Richey Marine Trust (nonprofit, uncompensated position)
Advisory	Lighthouse of Pines (nonprofit, uncompensated position)
Advisory (Honorary Chairman)	Black Children's Fund of Children's Hospital (nonprofit, uncompensated position)
Advisory (Honorary Chairman)	Veterans Legacy Billirakis Archives - St. Petersburg College (uncompensated position)

Use additional sheets if more space is required.

Gus Michael Bilirakis

Page 3 of 16

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 Bent Age	Evs 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 \$10,000 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 less than \$10,000 are not added towards the \$10,000 disclosure threshold. Note: The gift rule (see Rule 1.10) prohibits acceptance of gifts except as specifically provided in the rule.

[illegible]

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

Name: Gus Michael Bitirakis

Page 4 of 6

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 Inclusions" section of Form 709; 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]

Use additional sheets if more space is required.

Gus Michael Bilirakis  
 Name: \_\_\_\_\_ Page 15 of 16

[illegible]

Use additional sheets if more space is required.

FILER NOTES  
(Optional)

NOTE NUMBER	NOTES
1	Schedule A- JT Prudential Financial Inc stock removed due to sale - see Schedule B
2	Schedule A- DC-1, DC-2, DC-3, DC-4 Regions Financial Corp stock removed due to value falling below \$1,000.
3	Schedule A- JT Prudential Financial Inc capital gain from stock sale reported due to sale - See Schedule B.
4	Schedule A- SP Bank of America Addition of asset due to value exceeding \$1,000.

Use additional sheets if more space is required.