Yes No	hild because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	* încome, trani rst consulted w	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on I
Yes No X	losed. Have you	d certain other "excepted trusts" need not be discl	on Ethics and dependent chil	TRIUSTS—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 benefiting you, your spouse, or dependent child?
UESTIONS	FTHESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —
wered and the 'Yes" response.	nust be answid for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	<b>₹</b>	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
Yes No	irrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
Yes No	r before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	S	III. Did you, your spouse, or a dependent child receive "uneamed" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
Yes No	receive any the reporting)?		<b>₹</b>	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
Yes No	receive any egating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	N <sub>o</sub>	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penal against anyon 30 days late.	or Employing Office:  Be Termination  Termination	Officer or Employee	Status Member of the U.S. State: Comparing Status House of Representatives District: Comparing State: Compar
2012 MAY 14 PH 2: 18  OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES MONON	2012 MAY OFFICE U.S. HOUSE OF	Daytime Telephone: 202-325-5755	Daytime	Gus
HAND DELIVERED	HAND	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
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	-8	کرد	120	F	3				8	the name of the institution holding the account and its value at the end of the reporting period.  For remail or other real property held for investment, provide a complete address.  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 formes and vacation homes (unless there was rental income during the reporting period), any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thritt Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset head in the account that exceeds the reporting thresholds. For retirement account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do	reportable asset or sources of income during the year.	of income with a fair market value exceeding an other the end of the reporting period, and (b) any other	Identify (a) each asset held for investment or production		
35	$\mathcal{I}$	$Z_{\mathcal{J}}$	27	K	Z	契		Examples:	1	at the control of the	int the	₹8 ₹8		<u>a</u> 3	y (a)	8	
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<del></del> -		-	<del>                                     </del>	+			H	5		\$1 – \$1,000	year and is included only because it generated income, the value should be "None."	If an asset was sold during the reporting	please specify the method used.	reporting year. If you use a valuation	Indicate value of asset at close of		
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								Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	may check the "Tax-Deferred" column.  Dividends, Interest, and capital	that generate tax-deferred income (such as 401(k) plans or IRAs), you	you to choose specific investments or	Check all columns that apply. For	ome	
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			L	$\int$						\$1 - \$200 =	income. Check "None" if no income was earned or generated.	interest, and capital gains, even reinvested, must be disclosed a	the appropriate box below. <b>Dividends</b> ,	"None" column. For all other assets, indi-	For assets for which you checked "Tax- hatarrad" in Rlock C. you may check the		
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									S (partial)	portion of an asset is sold, please indicate as follows:  (S) (partial) See below for example.  P, S, E	year.	\$1,000 in reporting	(E) exceeding	(P), sales (S)	asset had	Indicate if the	BLOCKE

Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Bus M. Bilirakis

BLOCK D

Ŗ SP. ä Asset and/or income Source **BLOCK A** D S > None 8 \$1 - \$1,000C \$1,001 - \$15,000 ō \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 ଦ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 太 \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income BLOCK C Type **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None Amount of Income \$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 ransaction BLOCK E ரைவள

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SCHEDULE III —ASSETS AND "UNEARNED" INCOME

Name GUS M. BITITAKIS Page 4 or 9

Continuation Sheet (if needed) Ŝ SP, ≒ Asset and/or Income Source None ≻ ₿ \$1 - \$1,000 O \$1,001 - \$15,000 Ö \$15,001 - \$50,000 Value of Asset E F G H \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 × \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C Type **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None = = Amount of Income \$1 - \$200 \$201 - \$1,000 X V VI VII VIII X BLOCK D \$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 Transaction BLOCK E u `o 'n

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## SCHEDULE IV— TRANSACTIONS

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									IT Suntrust Panks (formon Stack (Society)	Prudenti	SP Example: Mega Corporation Common Stock (partial sale)	SP DC JT Asset	cate (i.e., "partial sale"). See example below.  Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener- dren, or the purchase or sale of your personal residence, unless it gener-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
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			 · ·	 					<b>×</b>	×	×		SALE		Type of Transaction
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									3-23-11	3-23-11	10-12-11		Monthly, or Bi-weekly, if applicable	(MO/DAY/YR) or Oughtedy	Date
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### SCHEDULE V— LIABILITIES

Name GUS M. Bilirakis

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); 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 a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report

37 7	4		J C,		mortgages
Ynovus Mortage (orp	Central Mortgage	Example: First Bank of Wilmington, DE	Creditor		mortgages on personal residences.
Nov ZOI	Nov 2011	May 1998	Incurred Mo/Year	Deta Liability	
Palm Harbor, FL	Polim Hulbor, FL	Mortgage on 123 Main St., Dover, DE	Type of Liability		
	<u> </u>		\$10,001- \$15,000	>	
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#### SCHEDULE VI- GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of 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. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Course	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
10 10 10 10 10 10 10 10 10 10 10 10 10 1		

Page of	ilirakis	N.W	Gus	Name

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you 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 (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Number of days <u>not</u> at sponsor's expense
	. 1 Mar. 2	DC—Chicago—DC	z	z	Z	None
Examples Roycroft Corporation (Sec 10011) Aug. 6-11	4 )Aug. 6–11	DC—Los Angeles—Cleveland	۲	Y	Υ	2 Days
American Helenic Education July 22-23 DC-Miami-Tampa	EZ-EZYNE	DC-Miami-Tampa	<b>\</b>	丫	Z	None
American Israel Huggion	on August	Memphis-Idams - Tampa	Y	Y	Y	None
see Footnotes)						

### SCHEDULE VIII—POSITIONS

Name Gus M. Bilirakis

8 of \_ 9

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; 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 Horrigan Marine Institute (non-profit, uncompanyated most ion)
Advisory	onter o
Advisory (Honorby)	lober Childrens Fund (All Phildren's Honital Juniompenyted nosition)
Advisory ( Chairman)	Neterons Legacy (bilinaxis Archivis, St. Patershya Collago, Lincompanisated loss tho

### SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement 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.

		J	At Retirement	Date	
		self directed )	Benefit lension Plan (define) pansion plans NOT	Parties To	
		present time.	Highliement GUS MI BILLITOKS and State of Figure Langishings. Upon retirement age, benefit to be paid based on age.  Age	Terms of Agreement	

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Schedule III	Schedule III	Schedule VII	Schedule VII	ScheduleV	Schedule V	Schedule Y	T T T T T T T T T T T T T T T T T T T
Deletion of entry due to decrease in vally below	below hose threshold	Addition of travel	Addition of travel	to payof rew morage through parent so next so	Adition of liability on personal residence	Addition of liability on personal residence	7 0
Invacare Corp (stack IRA)	Corning (stack)	ASSOCIOTION AHERA)	American Hellenic	Bank of America (liability)	Synovus (hability)	Refers to Central Mortgage	GUSM Billinaxis age 2 of 9