PRELIMINARY INFORMATION - ANSWER FACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filling? 2016 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** contact the Committee on Ethics for further guidance. PO - 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 D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries. B. Did you, your spouse, or your dependent child purchase, sell, or Name: Paul Anthony Gosar EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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. honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. from this report details of such a trust that benefits you, your spouse, or dependent child? reporting period? exceeding \$1,000 during the reporting period? REPORT end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the BTATUS asset during the reporting period? 区 X 2016 Annual (Due: May 15, 2017) House of Representatives Member of the U.S. D.D.S. District: State: 91 3 ž 8 **₹** ž X ž X Daytime Telephone: 202-275-2515 Amendmen 8 7 풓 ₹ 0 For Use by Members, Officers, and Employees X X X 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? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single Form A Employee Officer or Employing Office: Termination Date of Termination: Have you excluded A \$200 penalty shall be assessed against any individual who files more than 30 days late. U 2017 (dollare the Billy 3: 34 COSE ATVOCA HAND DELIVERED 1 of 9. Shared Staff Filer Type: (If Applicable) ***** 3 ž \$ ***** ձ 8 Principal Assistant 풓 중 중 ᇂ 7 풓 š

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	71	3	77	C	9	Γ	Even	Ţ	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent thild (DC), or jointly hald with anyone (IT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, preses check the "EIF" box.	Exclude: Your personal residence, including second homes and vecation homes (unless there was rental homes during the reporting period); and any financial interest in, or income derived from, a federal wirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-hald business that is not publicly traded, state the name of the business, the return of its activities, and its geographic location in Block A.	For rendal and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the emount 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.	401(k) plans) provide the value for each agest held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols).	that generated more than \$200 in "unserned" income during the year.	identify (a) each asset held for investment or production of income and with a feat market value exceeding \$1,000 at the end of the reporting period and (b) any other reportable esset or source of income and (b) any other reportable esset or source of income	\$
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$\vdash \dashv$	<u> </u>		Y	-	\vdash	×	+		\$250,001-4							٥		If an asset was used carring the reporting person and is incursor only because it generated income, the value should be "None." "Column M is for easets held by your spouse or dependent child in which	Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please epecity the method used.	Value of Asset
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1							T		TAX-DEFE	RRED								If reinvested, must be disclosed as assets held in taxable accounts. Check asset generated no income during the repo	Check all columns that apply. For a generate tax-deferred income (such as 4 \$29 accounts), you may check the 11 column. Dividends, interest, and capital column.	×
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		n Convie	ยงรถสรา			Partnership Income	Royallies		(Specify: a.	g., Partnership:	income a	r Farm Income)						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.	accounts that IO1(k), IRA, or Tex-Deferred	
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									\$1,000,001	\$ 5,000,000						×	depe	o d	- 6 6 5 - 7 6 6 5 2 7 7 9	
									Over \$5,00	0,000						8	Column XI is for easets held by your spouse or dependent child n which you have no interest.	must be disclosed as income for easets held in taxable accounts. Check 'None' if no income was earned or generated.	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. Devidence, interest, and capital gains, even if reinvested.	
										Asset with Inco	nte over	\$1,000,000°				¥			ستحيب	
							_	()med)S	, 0						Leave this column blank if there are no transactions that exceeded \$1,000.	Diam's	period. If only a portion of an asset was sold,	exchanges (E) exceeding \$1,000 in the reporting	Indicate # asset hed purchases purchases	a
)				1		i] [P, 8, 8(part), or E						seave this column blank if there are to transactions hat exceeded 11,000.	please indicate as follows: (S (part)).	E DO	and	Indicate # the asset had purchases (P), sales (S), or	Transaction
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SCHEDULE A - ASSETS & "UNEARNED INCOME"	
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DIVIDINOS RENT INTEREST CARTAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of income (Specify: e.g., Partnership income or Farm Income) None \$1-\$200 \$201-\$1,000 \$8 \$1,001-\$2,500	DANGENDS RENT
None	None
	\$1,000,001-85,000,000 × \$1,000,001-85,000,000 × Over \$5,000,000 × Spause/DC Asset with income over \$1,000,000*

SCHEDULE B - TRANSACTIONS

Name: Paul Anthony Gosar DD-S.

															48	SP, DC, JT	* Column	Capital Q	transactio	purchase	dependent resulted in	Report an
															Example		"Column K is for assets solely held by your spouse or dependent child	Capital Geins: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital pain income on Schedule A.	7	or sale of y	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a bitel description of an exchange transaction, resulted in a capital loss. Provide a bitel description of an exchange transaction.	y purchase, period of an
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SCHEDULE C

List the source, ty **INCOME LIMITS and PROHIBITED INCOME**: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Examples: Source (include date of receipt for honoraria) **Amount**

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Page 6
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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 are 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, perent, 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.

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		6/95 Mor		20/11	5/96	Date Liability Incurred MO/YR		
	E Cedar Floa. AZ	Mortages on office Bld		Mutagae on residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000	>	
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ı		l		ı I		Over \$1,000,000*	*	

SCHEDULE E - POSITIONS

Name of Organization	Position
report all positions, compensated or uncompensated, new ouring the current or prior calendary year as an once, cursore or an organization, 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.	report all positions, configerisated or uncompensated, ned consultant of any corporation, firm, partnership, or other but Positions held in any religious, social, fraternal, or political s

SCHEDULE F - AGREEMENTS

Name: Payl A. GUSAY D.D.S Page

Identify the da continuation of employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	we with respect to: future employment; a leave of absence during the period of government service; serument; or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement

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

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
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identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor 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 (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 ₩ filer.

	Source	Date(s)	City of Departure-Destination-City of Resum	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
	Covernment of China (MECEA)	11-9-thy	DC-Beijing, China-DC	٧	٧	Z
EXEMPLE 1	Habitat for Humanilly (cherify fundration)	Mar. 3-4	DC-Boston-DC	≺	٧	٧
Gremo	Greman Marshall fund	2/20 - 2/29	DC-WEST Birt, NY-DC	7	7	Z
Center	Center for Democracy	2/12-2/16	2/12-2/16 Tampa, FL-Hayana, Oba-Tampa	_	~	Z
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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	Name: 70y	
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Left the source, archity (i.e., speech, appearance, or article), data, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charittee receiving such payments must be filed directly with the Committee on Ethics. Source Source Association of American Associations, Weshington, DC Examples: Association of American Associations, Weshington, DC Article Article Aug. 13, 2016 \$5000	onsor of an event to a charitable organization of a charitable organization organizati	An Hay Cosar DDS Page 9 theritable organization in lieu of paying an honorarium 1 tivity Date peech Feb. 2, 2016 Aug. 13, 2016	Amount \$2,000
	Article	Aug. 13, 2016	\$500
		,	
			•