HAND DELIVERED	MC2008 M.Y 15 M.Y 11: 32	A \$200 penalty shall be assessed against anyone who files more than 30 days late.		egift in erwise Yes ☐ No 💟	travel or in \$306 Yes 📝 No 📋	Yes	utside Yes 🗸 No 🗌	and the appropriate	TIONS	ed Yes No 🖳	oN ⊡ Yes
UNITED STATES HOUSE OF REPRESENTATIVES For use by Members, officers, and employees	Gus Michael Bilirakis (Full Name)	Filer Member of the U.S. State: FL Cofficer Or Employing Office:  Status  Report My 15) Annual (May 15) Amendment Type	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200  I. or more from any source in the reporting period?  Yes No VI. the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	If yes, complete and attach Schedule I.  Did any individual or organization make a donation to charity in lieu of paying  II. you for a speech, appearance, or article in the reporting period?  Ves No VII. reimbursements for travel in the reporting period?  Yes No VII. reimbursements for travel in the reporting period (worth more than \$305)	If yes, complete and attach Schedule II.  If yes, complete and attach Schedule VII.  Did you, your spouse, or a dependent child receive "unearmed" income of the proof of the proof or hold any reportable asset worth Yes VIII. current calendar year?	If yes, complete and attach Schedule III.  If yes, complete and attach Schedule III.  Did you, your spouse, or dependent child purchase, sell, or exchange any  IV. reportable asset in a transaction exceeding \$1,000 during the reporting  Yes V IV. entity?	period? If yes, complete and attach Schedule IV. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period? Yes V. No Carb question in this part must be answered and the appropriate	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?	Exemptions Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

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SCHEDULE

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOM	ME Name Gus Michael Bilirakis	ael Bilirakis		Page 2 of 10
	BLOCK A	BLOCK B	BLOCK C	а хоотв	BLOCK E
ASSE Identify (a) ea a fair market vand (b) any of than \$200 in 'land, provide mutual funds retirement pk in which you investments), in the accoun plans that are and its value that is not pu its activities, ir information, si information, s	Asset and/or investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearred" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) 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 and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Exclude: You debt owed to parent or sibl savings acco Government	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.				
If you so cho that of your s in the option:	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.				i
Τſ	Bank of America (checking account)	\$1,001 - \$15,000 INTEREST	INTEREST	\$1 - \$200	
	Bilirakis Law Group, P.A. (stock)	None	None	NONE	S
5	Colonial Banc Group (stock)	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
DC-1	Corning, Inc. (stock)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC-3	Corning, Inc. (stock)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Empty lots (5) Orange Blossom Hills, Ocala, FL (50% interest)	\$15,001 - \$50,000	None	NONE	

SCHEDI	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	R Name Gus Michael Bilirakis	ael Bilirakis		Page 3 of 10
25	Florida Prepaid College Tuition - not self-directed	\$1,001 - \$15,000	None	NONE	
DC-2	Florida Prepaid College Tuition - not self-directed	\$1,001 - \$15,000 None	None	NONE	
DC-3	Florida Prepaid College Tuition - not self-directed	\$1,001 - \$15,000	None	NONE	
DC-4	Florida Prepaid College Tuition - not self-directed	\$1,001 - \$15,000	None	NONE	
	Invacare Corp. (stock - IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC-3	Kinross Gold Corp (stock)	\$1,001 - \$15,000	DIVIDENDS	NONE	
	Law Office Bldg., 4538 Bartelt, Holiday, FL	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	
<u></u>	Occidental Petroleum (stock)	None	DIVIDENDS & CAPITAL GAINS	\$5,001 - \$15,000	ဟ
5	Old Harbor Bank (stock)	\$1,001 - \$15,000	DIVIDENDS	NONE	
DC-4	Oracle Corp. (stock) (value increased to required disclosure threshold)	\$1,001 - \$15,000	DIVIDENDS	NONE	
<u> </u>	Prudential Financial (stock)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
<u> </u>	SunTrust Banks, Inc. (stock)	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P-Div Reinvest- ment
<u>5</u>	Synovus Financial Corp. (stock)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	5

SHE	SCHEDULE III - ASSETS AND "UNEARNED" INCO	WE WE	Name Gus Michael Bilirakis		Page 4 of 10
=	Wachovia Bank (stock)	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	P-Div. Reinvest-
	Walt Disney Company (stock -	\$1,001 - \$15,00	\$1,001 - \$15,000 DIVIDENDS	\$1 - \$200	

Name Gis Michael Bilirakis	
SCHEDULE IV - TRANSACTIONS	

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, Amount of Transaction or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief \$15,001 - \$50,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 8/7/07 & 10/15/07 Date Monthly Monthly 1/3/07 **Transaction** Type of Δ. ഗ S ₾ Wachovia (monthly dividend reinvestment for SunTrust (monthly dividend reinvestment for Bilirakis Law Group, P.A. (stock) Occidental Petroleum (stock) purchase of stock) purchase of stock) SP, DC,  $\vdash$ 5 片

Name Gus Michael Bilirakis
SCHEDULE V - LIABILI IIES

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Report lia amount o furniture, cards) on	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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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.	ig the reporting period by you, your spouse, or de sidence (unless all or part of it is rented out); loa mt, or sibling of you or your spouse. Report "rev ded \$10,000.	ependent child. Mark the highest ans secured by automobiles, household olving charge accounts" (i.e., credit
SP, DC,	Creditor	Type of Liability	Amount of Liability
	Bank of America, Louisville, KY	Mortgage on 4538 Bartelt Rd., Holiday, FL (Law Bldg.)	\$50,001 - \$100,000

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Name Gus Michael Bilirakis

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 spouse or dependent child that is totally independent of his or her relationship to you. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the 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

Source	Date(s)	Point of Departure DestinationPoint of Return		Food? (Y/N)	Was a Family Lodging? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
American Israel Education Foundation	Aug. 5-12	Aug. 5-12 DC-Tel Aviv, Israel (From Israel, joined CODEL to Iraq on 8/13 and returned to DC with CODEL.	<b>&gt;</b>	<b>&gt;</b>	z	2

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Name Gus Michael Bilirakis

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory	New Port Richey Marine Institute (non-profit, unpaid position)
Advisory	Lighthouse of Pinellas (non-profit, unpaid position)
Advisory	Old Harbor Bank Advisory Committee (resigned position 1/4/07)
Director	Financial Florida (non-profit, unpaid position - resigned May, 2007)

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SCHEDULE	SCHEDULE IX - AGREEMEN IS	Name Gus Michael Bilirakis
Identify the date, government serv employee welfare	Identify the date, parties to, and general terms of any agreement or arrang government service; continuation or deferral of payments by a former or employee welfare or benefit plan maintained by a former employer.	of or arrangement with respect to: future employment; a leave of absence during the period of former or current employer other than the U.S. Government; or continuing participation in an yer.
Date	Parties To	Terms of Agreement
At retirement age	Gus M. Bilirakis & State of Florida Legislators Benefit Pension Plan (defined pension plan - not self-directed)	s Upon retirement age, benefit to be paid based on age and years of service. Benefit amount and total value of pension cannot be defined at present time.

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FOOTNOTES	ES	Name Gus Michael Bilirakis	Page 10 of 10
Number	Section / Schedule	Footnote	This note refers to the following item
	Schedule III	Deletion of entry due to value decrease below disclosure threshold since filing of 2006 Financial Disclosure Report	Centennial Money Market (IRA)
·	Schedule III	Deletion of duplicate entry on 2006 Financial Disclosure Report	A.G. Edwards- Centennial Money Market (IRA)
16	Schedule III	Addition of entry due to value increase above disclosure threshold	Oracle Corp. (stock)