

UNITED STATES HOUSE OF REPRESENTATIVES**2021 FINANCIAL DISCLOSURE STATEMENT**Form A
For Use by Members, Officers, and Employees*S. And G. Zhao*

Daytime Telephone: 202-225-8604

NC LEGISLATIVE RESOURCE CENTER
(Office Use Only)
2022 APR 18 PM 5:06

A \$200 penalty shall be imposed against any individual who fails to file by the filing date.

FILER STATUS	<input type="checkbox"/> Member of the U.S. House of Representatives	State: _____	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input type="checkbox"/> 2021 Annual (Due: May 16, 2022)	<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 that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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? <input checked="" type="checkbox"/> G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in item of paying you for a speech, appearance, or article during the reporting period? <input type="checkbox"/>	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? <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"		
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

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

IPO – 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 No

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted 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 No

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 have first consulted with the Committee on Ethics. Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Angel G. Zishan

Page 2 of 6

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

BLOCK A Assets and/or Income Sources		Value of Asset	BLOCK B												Type of Income	Amount of Income	BLOCK D	BLOCK E			
			A	B	C	D	E	F	G	H	I	J	K	L	M	N	V	VI	VII	X	XI
Permanent Pay Scale		None																			
Fidelity, etc., Min./ Money Market	X	\$1-\$100																			
(Cash) Elective Invest. Plan	X	\$101-\$150,000																			
Thrift Savings Plan	X	\$15,001-\$50,000																			
First Republic (Checking)	X	\$50,001-\$100,000																			
Eng. Fed C.U. (Checking)	X	\$100,001-\$250,000																			
(City of San Martin, CA) Vanguard Retirement Fund	X	\$250,001-\$500,000																			
	X	\$500,001-\$1,000,000																			
	X	\$1,000,001-\$5,000,000																			
	X	\$5,000,001-\$25,000,000																			
	X	\$25,000,001-\$50,000,000																			
	X	Over \$50,000,000																			
	X	Spouse/DC Asset over \$1,000,000*																			
		None																			
		DIVIDENDS																			
		RENT																			
		INTEREST																			
		CAPITAL GAINS																			
		EXCEPTED/BLIND TRUST																			
		TAX-DEFERRED																			
		Other Type of Income (Specify, e.g., Partnership Income or Farm Income)																			
		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*																			
		P, S, Spouse, or E																			

Name: John G. Zshad

Page 3 of 6

SCHEDULE C - EARNED INCOME

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 sources 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 2021 limit on outside earned income for Members and employees compensated at or above the “senior staff” rate was \$29,585. The 2022 limit is \$29,885. In addition, certain types of income (notably honoraria, director’s fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (Include date of receipt for honoraria)	Type	Amount
Keene State State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech - spouse salary	\$8,000 \$18,000 \$1,000 - N/A
County of San Mateo California	Legislative Pension	\$14,823.60

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Qing G. Zhao

Page 5 of b

Report liabilities of over \$10,000 owed to any one creditor at any time 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. D.C./JT	Creditor	Date Liability Incurred MO/YR	Amount of Liability									
			A	B	C	D	E	F	G	H	I	J
	First Bank of Wilmington, DE	5/20										
	Wells Fargo Bank	3/2002	\$10,001-\$15,000									
	Los Angeles, CA.		\$15,001-\$60,000									
			\$60,001-\$100,000									
			\$100,001-\$250,000									
			\$250,001-\$500,000									
			\$600,001-\$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)									

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, non-profit 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

NONE

SCHEDULE F – AGREEMENTS

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
2021	County of San Mateo California	legislative Pension

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 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 (which may not include a registered lobbyist or foreign agent), 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 \$46 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committees on Ethics.

Independent of his or her relationship to you. Gifts with a value of \$160 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.			
Source	Description	Value	
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of parental membership received from the Committee on Ethics)	\$500	

Use additional sheets if more space is required.