

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**2022 FINANCIAL DISCLOSURE STATEMENT**
**Form A**  
For Use by Members, Officers, and Employees

 2022 APR 26 FILED: 4:3  
 (Office Use Only)



**Name:** Paul A. Gosar D.D.S.

**Daytime Telephone:** 202-225-2315

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: AZ District: 09	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant <input type="checkbox"/>
<b>REPORT TYPE</b>	<input type="checkbox"/> 2022 Annual (Due: May 15, 2023)		<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? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No
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 checked="" type="checkbox"/> No	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 checked="" type="checkbox"/> No
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	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 checked="" type="checkbox"/> No
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I. 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?	<input type="checkbox"/> 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 through the date of filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	

**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.

**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?

**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

Yes  No

Yes  No

## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Paul A. Geier D.D.S.

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<p>Identify (a) each asset held for investment, or indicate value of assets sold or otherwise disposed of during the reporting period, and with a fair market value method other than fair market value, please specify the method used.</p> <p>(b) (1) Please provide the value for each asset held in the amount that exceeds the reporting threshold.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts (the total is over \$5,000). If an asset was sold during the reporting period and is included only because it generated income, the value should be "None".</p> <p>For rental and other real property held for investment, provide a complete address or description, a.g., "rental property", and a city and state.</p> <p>For an investment referred to as "other", held differently than is real property (check), list the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Excluded: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any financial income, or income derived from a Federal retirement program, including the Thrift Savings Plan.</p> <p>If you support a privately-funded trust that is an Excepted Investment Fund, please check the "EIF" box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SPP) or dependent child (DC), or both (both with anyone (JT)). In the optional column on the left, list:</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instructions provided.</p>												<p>For all IRA's and other retirement plans (check the box if the amount that exceeds the reporting threshold).</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts (the total is over \$5,000). If an asset was sold during the reporting period and is included only because it generated income, the value should be "None".</p> <p>For rental and other real property held for investment, provide a complete address or description, a.g., "rental property", and a city and state.</p> <p>For an investment referred to as "other", held differently than is real property (check), list the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Excluded: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any financial income, or income derived from a Federal retirement program, including the Thrift Savings Plan.</p> <p>If you support a privately-funded trust that is an Excepted Investment Fund, please check the "EIF" box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SPP) or dependent child (DC), or both (both with anyone (JT)). In the optional column on the left, list:</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instructions provided.</p>												<p>Check all columns that apply. For accounts that generate transactional income (such as 401(k)s, RA, or 403(b)s), you may check the "Tax-Deferred" category, or income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be designated as income for assets held in taxable accounts (check "None" if no income was earned or generated).</p> <p>"Column M is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Check all columns that apply. For assets for which you checked "Tax-Deferred" in Block C, you indicate if the transaction is a sale (S), a purchase (P), or a contribution (C). You may check the "None" column. For all other assets indicate the asset had a gain (G), a loss (L), or neither (N).</p> <p>"Column N is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>For assets for which you checked "Tax-Deferred" in Block C, you indicate if the transaction is a sale (S), a purchase (P), or a contribution (C). You may check the "None" column. For all other assets indicate the asset had a gain (G), a loss (L), or neither (N).</p> <p>"Column V is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Indicate if the transaction is a sale (S), a purchase (P), or a contribution (C). You may check the "None" column. For all other assets indicate the asset had a gain (G), a loss (L), or neither (N).</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Paul A. Gosar D.D.S.

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**SCHEDULE B – TRANSACTIONS**

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period for any security or real property held by you, your spouse, or your dependent child for investment or for the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital gains: If a same 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 gain income on Schedule A.

**\*Cahill K is for private estate held by your spouse or dependent child**

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Use additional sheets if more space is required.

Name: Paul A. Gosar D.D.S.

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**SCHEDULE C – EARNED INCOME**

**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 2022 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$29,895. The 2023 limit is \$31,815.

Let 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 source for other spouse earned income exceeding \$1,000. See examples below.

In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

State	Example
State of Maryland	Montgomery County

Source (include date of receipt for honoraria)	Type	Amount
Home State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$18,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Orange County Board of Education	Spouse Salary	N/A

Use additional sheets if more space is required.

## SCHEDULE D – LIABILITIES

Name: Paul A. Gosar D.D.S.

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**Report liabilities of over \$10,000 owed to any one creditor at any time during this 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 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 balances at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP DC/JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability								
				A	B	C	D	E	F	G	H	I
	Example	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE	\$10,001- \$15,000							
					\$15,001- \$50,000							
					\$50,001- \$100,000							
			x		\$100,001- \$250,000							
		X			\$250,001- \$500,000							
					\$500,001- \$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, 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 carnival organizations); and positions solely of an honorary nature.**

Position

Name of Organization

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## SCHEDULE F – AGREEMENTS

Name: Paul A. Gosar D.D.S.

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**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.**

## 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 \$166 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 personal friendship received from the Committee on Ethics)	\$500

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

## **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTSS**

Name: Paul A. Gosar D.D.S.

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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 \$415 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.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Bangkok-China-DC	Y	Y	N
Habitat for Humanity (Charity Foundation)	Mar. 24	DC-Boston-DC	Y	Y	Y
<b>Conservative Partnership Institute</b>	<b>Feb 10-12</b>	<b>Phoenix, AZ-Florida-Las Vegas, NV</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>

Use additional sheets if more space is required.

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

Name: Paul A. Gosar D.D.S.

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List the source, activity (i.e. speech, appearance or article), date, 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 charities receiving such payments must be filed directly with the Committee on Ethics.

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