

UNITED STATES HOUSE OF REPRESENTATIVES

2020 FINANCIAL DISCLOSURE STATEMENT

Form A

For Use by Members, Officers, and Employees

May 11 2021

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LEGISLATIVE RESOURCE CENTER
(Office Use Only)

2021 MAY 26 AM 10:10

Name: Bill Posey Daytime Telephone: _____

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

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FL</u>	Officer or Employee	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
REPORT TYPE	<input type="checkbox"/> 2020 Annual (Due: May 17, 2021)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination:

RELIMINARY 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"/> | 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"/> | Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, bonuses, or pension/IRA distributions) of \$200 or more during the reporting period? <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input 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 checked="" 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 checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 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 checked="" 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 checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | |

DO 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

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **BILL BOSEY**

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BLOCK A												
Assets and/or Income Sources												
<p>Identify (a) each asset held for investment, or production of income and with a fair market value valuation method other than fair market value, please specify the method:</p> <p>(a) any other reportable asset or source of income, if an asset was sold during the reporting period and is included only if it generated more than \$200 in "Unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only stock symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$5,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., "Residential property," and a city and state.</p> <p>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.</p> <p>Excluded: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period), and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you report a privately-traded fund that is an Employee 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 (SP) or dependent child (DC), or jointly held with anyone (JH).</p> <p>In the optional column on the far left, for a detailed discussion of Schedule A Requirements, please refer to the instruction booklet.</p>												
BLOCK B												
Value of Asset												
A	B	C	D	E	F	G	H	I	J	K	L	M
None												
\$1-\$1,000												
\$1,001-\$15,000												
\$15,001-\$50,000												
\$50,001-\$100,000												
\$100,001-\$250,000												
\$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												
Spouse/DC Asset over \$1,000,000*												
BLOCK C												
Type of Income												
I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
NONE												
DIVIDENDS												
RENT												
INTEREST												
CAPITAL GAINS												
EXEMPTED/BLIND TRUST												
TAX-DEFERRED												
Other Type of Income (Specify, e.g., Partnership Income or Farm Income)												
BLOCK D												
Amount of Income												
I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
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*												
BLOCK E												
Transaction												
Indicate value of asset at close of the reporting period. If you use an accounting method other than fair market value, please specify the method.												
Check all columns that apply. For securities that generate undistributed income (such as 401(k)s, IRAs, or 403(b) accounts), you may check the "Tax-Deferred" category of income by checking the appropriate box below. purchases (P), dividends, interest, and capital gains, even if reinvested, sales (S); or if reinvested, must be checked as income for assets held in taxable accounts. Check "None" if no income was earned or generated.												
Column XII is for assets held by your spouse or dependent child in which you have no interest.												
Check all columns that apply. For assets for which you checked "Tax-Deferred" in Block C, your results if the asset had the same value at the end of the reporting period, please indicate the asset had no interest.												
Leave this column blank if there were no transactions that exceeded \$1,000.												
If only a portion of an asset was sold, please indicate as follows: (B) partial.												

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED"

Name: BH Rose | Page: 3 of 10

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset	BLOCK C Type of Income												BLOCK D Amount of Income	BLOCK E Transaction
			A	B	C	D	E	F	G	H	I	J	K	L	M	
IT COMMERCIAL BANK	X	None	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$1-\$1,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$1,001-\$15,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$15,001-\$50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$50,001-\$100,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$100,001-\$200,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$200,001-\$500,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$500,001-\$1,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$1,000,001-\$5,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$5,000,001-\$25,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$25,000,001-\$50,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	Over \$50,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	Spouse/DC Asset over \$1,000,000*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	None	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	Dividends	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	Rent	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	Interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	Capital Gains	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	EXCEPTED/BLIND TRUST	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	TAX DEFERRED	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	Other Type of Income (Specify e.g., Partnership Income or Farm Income)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	None	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$1-\$200	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$201-\$1,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$1,001-\$2,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$2,501-\$5,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$5,001-\$15,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$15,001-\$50,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$50,001-\$100,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$100,001-\$500,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	\$500,001-\$1,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	Over \$1,000,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	Spouse/DC Asset with Income over \$1,000,000*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IT COMMERCIAL BANK	X	P. & S. Start, et al.	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Name: *BILL POSTER*

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Type of Transaction	Date	Amount of Transaction									
		A	B	C	D	E	F	G	H	I	J
Purchase											
Sale											
Partial Sale											
Exchange											
Check Box If Capital Gain Exceeded \$200											
(Indicate or Quantity, Month, or Bi- Weekly, if Applicable)											
X		\$1,001- \$15,000									
X		\$15,001- \$20,000									
X		\$20,001- \$100,000									
X		\$100,001- \$250,000									
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		Over \$1,000,000* (Specify DC Amount)									

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: BILL POSTER

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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 rent it out or are a Member); loans secured by automobile, 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. Jr.	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000										
				\$15,001-\$50,000										
				\$50,001-\$100,000										
				\$100,001-\$250,000										
				\$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 Liabilities)										

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 campaign organizations); and positions solely of an honorary nature.

Position

Position	Name of Organization
PRESIDENT	ROCKAWAY REEF COOP.
PRESIDENT	RICHARD B. SKONE, JR. 1981 TRUST
TRUSTEE (UNCOMPLETED)	

Use additional sheets if more space is required.

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
12-31-08	STATE OF FLORIDA & ME	PARTICIPATION IN RETIREMENT SYSTEM

SCHEDULE-Q-GIFTS

Report the sources (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 \$415 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.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: KEITH

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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.

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. § 3742); 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 the filer.

Bources		Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Examiner:						
Government of China (MECEA)		Aug. 6-11	DC-BEIJING-CHINAC	Y	Y	N
Habitat for Humanity (Charity Fundraiser)		Mar. 3-4	DC-Boston-DC	Y	Y	Y

Use additional sheets if more space is required.

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Let 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.

Examples: Association of American Architects, Washington, DC

700

Name: Bill Parker

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Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

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Use additional sheets if more space is required.