

UNITED STATES HOUSE OF REPRESENTATIVES
2020 FINANCIAL DISCLOSURE STATEMENT

Form A
 For Use by Members, Officers, and Employees

HAND DELIVERED Page 1 of 12

LEGISLATIVE RESOURCE CENTER

2023 (Office Use Only) 19

Name: Gus Michael Bivakis Daytime Telephone: (202) 225-5755

A \$200 penalty shall be assessed 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> District: <u>12</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	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 checked="" 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? OR b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	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?	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?	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?	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?	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?	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?	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?	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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED"

Name: **605 Michael Bilirakis**

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BLOCK A Assets and Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income													BLOCK E Transaction	
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S/Part, or E	
	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*																																			
	Wells Fargo Savings Act																																			
	Wells Fargo Mortgage Inc.																																			
	AT&T Retirement Plan																																			
	USF 401A																																			
	Bank of America Checking																																			
	Bank of America Credit																																			
	Walt Disney, IRA																																			
	Stock																																			
	National Commerce																																			
	Carp Stock																																			
	Continental Stock																																			
	Transco + Trust Co																																			
	Blue Leasing, Inc.																																			
	Defined Pension																																			
	Acct (not -																																			
	Self-direct d)																																			

SCHEDULE A - ASSETS & "UNEARNED"

Name: Gus Michael Bilirakis Page 4 of 12

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income													BLOCK E Transferred	
SP, JT, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, SPOUSE, or E	
		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*									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*		
	03 Wells Fargo Savings Acct																																			
	03 Raymond James (Dep. Acct)																																			
	03 Natl Commerce Corp Stock																																			
	03 Caring Inc. Stock																																			
	05 FL Repaid Tuition (not self directed)																																			
	04 Natl Commerce Corp Stock																																			
	04 Dacile Corp Stock																																			
	04 Ford Motor Co Stock																																			

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Use additional sheets if more space is required

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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Geis Michael Blinck Page 8 of 12

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 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, DC, JT	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 Excluded)
Example	First Bank of Wilmington, DE	6/20	Mortgage on Rental Property, Dover, DE				X							
	Prudential	11/2014	Loan/Debt Insurance		X									
JT	Wells Fargo	7/30/2014	Personal Resdnt					X						
	Sallie Mae	8/2014	Student Loan (see note)											
	US DOE	8/2017	Student Loan (see note 4)				X							

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	Name of Organization
Advisory	New Port Piche Marine Institute (non-profit uncompensated)
Advisory	Lighthouse of Funds (non-profit, uncompensated position)
Advisory / Honorary	Greek Children's Fund, All Children's Hospital (non-profit, uncompensated)
Advisory / Honorary	Veterans Legacy Philanthropy, St. Petersburg College (non-profit)
	uncompensated
	non-profit
	uncompensated
	non-profit

SCHEDULE F - AGREEMENTS

Name:

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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.

Date	Parties to Agreement	Terms of Agreement
11/1/95	Gus Michael B. H. & State of FL	Upon retirement age, benefit to be paid based up on age + yrs of service. Benefit amt + total value of pension can't be determined at present time
	Legislator Benefit Plan (Deferred Pension Plan (not self-directed))	

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 \$100 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
	NA	

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 \$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. § 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 the filer.

Source	Dates	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Accompanied? (Y/N)
Example: Government of China (PCCG)	Aug. 8-11	DC-Beijing, China-DC	Y	Y	N
Website for Ministry (Country Partnership)	Mar. 24	DC-Berlin-DC	Y	Y	Y
N/A					

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FILER NOTES
(Optional)

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NOTE NUMBER	NOTES
1	Trans America Retirement Acct for USF 401 is now owned by
	ATG Retirement Acct USF 401A.
2	Centerstate Bank merged into Continenta / Stock Transfer Trust Company.
3	Dependents 1 + 2 on former disclosures are now independent adults who are not claimed on their parents' tax returns. Therefore, their assets, liabilities + transactions are not reflected in this report. For consistency purposes, the two remaining dependents are reflected as D3, D4 as they have been in previous reports.
4	Even though the Congressman's two eldest sons are no longer his dependents, the Congressman did personally sign to guarantee their law school loans. As such, those loans are listed as liability.

5 The Congressman forgot to disclose his Congressional Federal Credit Union Checking Acct. On 12/31/2020, the balance was \$11,482.00. This report is being amended to add this asset.