

# UNITED STATES HOUSE OF REPRESENTATIVES

## 2021 FINANCIAL DISCLOSURE STATEMENT

Form A

For Use by Members, Officers, and Employees

JAN 28 2023

2021 FER -2 M111:G  
(Office Use Only)

FM

Name: Albie Sires

Daytime Telephone: \_\_\_\_\_

A \$250 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>N.J.</u>	Officer or Employee: <u>KCP. Albie Sires</u>	Employing Office: <u>Staff Filer Type: (If Applicable)</u>
REPORT TYPE	<input type="checkbox"/> 2021 Annual (Due: May 16, 2022) <i>Final Financial Statement</i>	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination	Date of Termination: <u>10/31/22</u>
			<input type="checkbox"/> Shared	<input type="checkbox"/> Principal Assistant

### 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"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement written outside écritly 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"/>
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 <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 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"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursement 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"/>
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"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	<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.  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"**

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## SCHEDULE B – TRANSACTIONS

Name \_\_\_\_\_

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**Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction involving 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 sales 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.

**SP. DC. JT** \*Column K is for assets totally held by your spouse or dependent children.

**SP**      *Example*      **Mega Corp. Stock**



## SCHEDULE D – LIABILITIES

Name: **A/B/D Sires**

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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 own 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./JR	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Example	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property. Dover, DE				\$10,001-\$15,000						
	<i>A/JP</i>							\$15,001-\$50,000						
J/T	<i>West New York Everbank</i>							\$50,001-\$100,000						
J/T	<i>Pain off in June</i>							\$100,001-\$250,000						
J/T	<i>First Home Financial</i>							\$250,001-\$500,000						
	<i>Mortgage paid off (PNC bank)</i>							\$500,001-\$1,000,000						
								\$1,000,001-\$6,000,000						
								\$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, trustees 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

## 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.

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## 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.

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

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Identify the source(s) and list travel, dietary, other, 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 spender's expense. Disclosure is required regardless of whether the expenses were paid directly by the spender or were paid by you and reimbursed by the spender.

**EXCLUDED:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be expensively reported under the Foreign Gifts and Decorations Act (FGDA), § 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.

Una estación de radio típicamente requiere la siguiente:

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

**Let the source, entity (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.**

Name: Abigail Spires  
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Source	Activity	Date	Amount
Association of Maritime Administrations, Washington, D.C.	Subscription	Feb. 2, 2021	\$2,500
XZ Maritime	Adm.	Apr. 19, 2021	1500