

UNITED STATES HOUSE OF REPRESENTATIVES

2019 FINANCIAL DISCLOSURE STATEMENT

Form A

**HAND
DELIVERED**

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For Use by Members, Officers, and Employees

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LEGISLATIVE RESOURCE CENTER

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

020 AUG 13 (AMM 101st b only)

MC

Name: Gus Michael Bilirakis

Daytime Telephone: 202-225-5755

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FL</u>	Officer or Employee	<input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2019 Annual (Due: May 15, 2020)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____
STATE OF THE RELEASE STATE OF REINVESTIGATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late.				
Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>				

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

- A. Did you, your spouse, or your dependent child:
- Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Yes No
 - Receive more than \$200 in unearned income from any reportable asset during the reporting period?
- 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?
- 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?
- D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
- E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

- 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?
- G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?
- H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?
- 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?
- J. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

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 "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?

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**

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name Gus Michael Bilivakis Page 2 of 12

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Fus Michel Bilirakis Page 3 of 12

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Michael Bilirakis

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Note 1

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **Gus Michael Balikas** Page **5** of **12**

ASSET NAME	Value of Asset	Type of Income	BLOCK D Amount of Income												BLOCK E Transaction
			A	B	C	D	E	F	G	H	I	J	K	L	
D3 James Raymond	None														
D3 James (Dep. Acc't)	\$1-\$1,000														
D3 Nhl Commerce (stock)	\$1,001-\$15,000														
D3 Scoring Inc (Stock)	\$15,001-\$50,000														
D3 FL Prepaid (over Tuition (Not Self-Directed))	\$50,001-\$100,000														
D4 Natnl Commerce (cap (stock))	\$100,001-\$1,000,000														
D4 Oracle Corp (Stock)	\$1,000,001-\$3,000,000														
D4 Ford Motor Co (stock)	\$3,001-\$25,000														
D4 Regions Financial (Stock)	\$25,001-\$50,000														
D4 Wells Fargo (Stock)(Mutual)	\$50,001-\$100,000														
D4 FL Prepaid (over Tuition (not self-directed))	Over \$100,000														
	Spouse/OC 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/OC Asset with Income over \$1,000,000*														
	P, S, Sberh, or E														

Use additional sheets if more space is required.

SCHEDULE B – TRANSACTIONS

Name Gus Michael Bilarakis Page 6 of 12

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. Includes 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 lease of your personal residence, unless it generated rental income. If only a portion or 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 \$2,000, check the "capital gains" box; unless it was an asset in a tax-deferred account, and indicate the capital gain income on Schedule A.

- COLUMNS 3 & 4 ARE USED ONLY IF YOUR SPOUSE OR CHILDREN OWN CLOUDS

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SCHEDULE C – EARNED INCOME

Name: Bus Michael Blights Page 7 of 12

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 source 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 2019 limit on outtake earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. 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 Spouses Speech Spouse Salary	\$0,000 \$18,000 \$1,000 N/A
St. Petersburg College (SPC)	Teaching fee (approved)	9,479

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name Gus Michael B. Walker Page 8 of 12

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. DC/JT	Creditor	Date Incurred MONYR	Type of Liability	Amount of Liability								
				A	B	C	D	E	F	G	H	I
	Example	First Bank of Wilmington, DE	6/19	Mortgage on Rental Property, Dover, DE	\$10,001- \$15,000							
P	Prudential	11/2014	Loan on Life Insurance	X	\$15,001- \$50,000							
D1	Sallie Mae	8/2014	Student Loans	X	\$50,001- \$100,000							
D2	USDOE	8/2017	Student Loans	X	\$100,001- \$250,000							
T	Wells Fargo	7/2019	Personal Residence	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 campaign organizations); and positions solely of an honorary nature.

	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 Advisory Advisory Advisory	New Port Richey Marine Institute (non-profit, uncompensated position) Lighthouse of Annelas (non-profit, uncompensated position) Greek Children's Fund, My Child's Heart! (non-profit, uncompensated position) Veterans Legacy of Florida Archives, St. Petersburg Greek Cemetery (non-profit + uncompensate (OK, TDA)

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Gus Michael Blotek | Page 9 of 12

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
	<u>At Retirement Age</u>	<u>Upon Retirement age, benefit to be paid based on age and years of Service. Benefit amount and total value of pension cannot be determined at present time.</u>
	<u>Legislators Benefit Plan (defined term self-directed)</u>	<u>Pension Plan (not self-directed)</u>

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 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 \$158 or less need not be added towards the \$390 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)	\$400
	N/A	

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Eric Michael Blinck
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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 \$390 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	Date(s)	City of Departure-Destination-City of Return	Logging? (Y/N)	Flood? (Y/N)	Family Member Included? (Y/N)
Examiner	Aug 6-11	DC-Beijing, China-DC	Y	Y	N
Habitat for Humanity (charity volunteer)	Mar. 3-4	DC-Boston-DC	Y	Y	Y
The Humpty Dumpty Institute	March 14-19 2014	DC - Khartoum, Sudan - Istanbul, Turkey - Ankara	Y	Y	Y

Use additional sheets if more space is required.

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Gus Michael B | Last page 11 of 12

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.

FILER NOTES
(Optional)

Name: Bus Michael Blahs pg. 12 of 12

NOTE NUMBER	NOTES
1	FL Bancshares Inc. (Stock) merged into Centerstate Bank
2	Dependent Child 1 sold his shares in Corning, Inc.
3	Cong. Bilirakis sold his primary residence at 3686 Woodridge Place, Palm Harbor, FL 34684. Proceeds from sale of home were used to pay off prior mortgage (MC Bank) and line of credit (Synovius Bank). Remaining proceeds were applied to purchase of new home (1588 Lavello Ln. Palm Harbor, FL)
4	Primary Residence was purchased with proceeds from sale of prior residence. New Mortgage for remaining cost of new home is held by Wells Fargo.