IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? exchange any securities or reportable real estate in a transaction Name: Paul Anthony Gosar D.D.S. UNITED STATES HOUSE OF REPRESENTATIVES 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. C. Did you or your spouse have "sarred" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: 2820 FINANCIAL DISCLOSURE STATEMENT all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ettics EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or ilabilities of a spouse or your dependent child because they meet 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? reporting period? exceeding \$1,000 during the reporting period? REPORT TYPE FILER a. Own any reportable asset that was worth more than \$1,000 at the . Receive more than \$200 in unaamed income from any reportable end of the reporting period? or asset during the reporting period? ľX X 2020 Annual (Due: May 17, 2021) Member of the U.S House of Representatives State: District R 2 **8** Yes **708** Yes X No X Daytime Telephone: 202-225-2315 Amendment ₹ |X 7 8 z For Use by Members, Officers, and Employees X X 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" \$415 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 G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single lieu of paying you for a speech, appearance, or article during the reporting period? Did any individual or organization make a donation to charity in source during the reporting period? Paul Anthôny Gosar D.D.S.P Employee Officer or Employing Office 13.5. HOUS Termination Date of Termination: F. GFol Air 2021 ANG 11 WE RESOURCE CENTER A Sing parally shall be assessed against any individual who files more than 30 days late. PH 12 (Office Use Only) HAND DELIVERED ago 1 of 10 Shared Staff Filer Type: (If Applicable) **ĕ ¥8**8 緩 **₹ ¥**68 8 8 X Principal Assistant Z Z Z 중 ş <u>2</u> ₹ 0 X X X X X X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Paul Anthony Gosar D.D.S

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For bank and other cash accounts, total the smount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in finterest-bearing accounts. Identify (a) each asset held for investment or production of income and with a fair market value production of income and with a fair market value producing \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. <u> 두 뜻 뜻</u> If you so choose, you may indicate that an asset o income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT) in the optional column on the far left. If you report a privately-traded fund that is an Excepte investment Fund, please check the "EIF" box. Exclude: 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 Ptan. 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. For rental and other real property held for investment provide a complete address or description, e.g., "renta 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. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For a detailed discussion of Schedule A requirement please refer to the instruction backlet. property," and a city and state. Ħ Assets and/or income Sources Examples Aunt Maude's Store, Flagstaff, AZ ŞĐ BLOCK A Mena Com Stock ABC Hedge Fund Simon & Schuster 먂 × If an easet was sold during the reporting period and is included only because it generated income, the value should be "None." **586** *Column M is for assets held by your spouse or dependent child in which you have no interest. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method > \$1-\$1,000 • \$1,001-\$15,000 c \$15,001-\$50,000 0 \$50,001-\$100,000 m Value of Asset × \$100,001-\$250,000 m BLOCK B \$250,001-\$500,000 ଡ \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 * Over \$50,000,000 ,-Spause/DC Asset over \$1,000,000 Ė a Check all columns that apply. For accounts that For accounts that special sp NONE DIVIDENDS × Type of Income NTEREST CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED Royaltes Partnership Other Type of Income (Specify: e.g., Parinership income or Form income) For essets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividents, interest, and capital gaths, even if retirressed, must be disclosed as income for assets held in taxable secounts. 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. \$1-\$200 = \$201-\$1,000 × \$1,001-\$2,500 ₹ × Amount of Income < \$2,501-\$5,000 × \$5,001-\$15,000 ≤ BLOCK D \$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 ≚ Leave this column blank if there are no transactions that exceeded \$1,000. If only a portion of an asset was sold, please indicate as follows: (S (part)). Indicate if the asset had purchases (P), sales (S), or exchanges (E) exchanges (E) in the reporting period. S(pag) P, S, S(part), or E Transaction BLOCK E

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| | | | | | | | | | | | | | | | ASSET NAME | · | BLOCK A Assets and/or income Sources | | SCHEDULE A – ASSETS & " UNEARNED o. si |
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| | | | | | | | T | Г | Г | Г | | | T | T | | CAPITAL GAINS | BLOCK C Type of Income | | <u> </u> |
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| ┝╇ | - | — | | ! | H | _ | Ļ | | H | Ц | Щ | | ٢ | Щ | | Spouse/DC Asset with Income over \$1,000,000" | | | <u>`</u> 9. |
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| | | | | | | | | | | | | ••• | | | | Example | SP, DC, JT Asset | Capital Galins: 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. "Column K is for assets solety held by your spouse or dependent chird. | dependent child for investment or the production of income. Include transactions that resulted in a capital loss, Provide a bief description of an excitating transaction. Exclude transactions between you, your spouse, or deperition children, or the purchase or sate of your parsonal residence, unless it generated rental income. If only a portion of an asset is sold, pieces choose "partial sale" as the type of transaction. | / purchase. |
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| | | | | | | | | | | | | | | | , | 3/9/20 | | weekly, if applicable | (MOIDAYR) or Quarterly, | Date |
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| | | | | | | | | | | | | | | | | | | Over \$50,000,0 | | |
| | | | | | | | | | | | | | | | | | | Over \$1,000,00 (Spouse/DC | or ~ | |

Name: Paul Anthony Gosar D.D.S. Page 5 of 10

List the source, type, and amount of samed 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 fronzenia; list only the source for other spouse parmed income exceeding \$1,000. See examples below. 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 an | INCOME LIMITS and PROHIBITED INCOME: The 2020 limit on outside garned income for Members and employees compensated at or above the "senior staff rate was \$28,846. The 2021 limit is \$29,595. In addition, certain types of income (notably honoraria, director's feas, and payments for professional services involving a fiduciary relationship) are totally prohibited. | d at or above the "senior staff" rate was \$2 relationship) are tetally prohibited. | 28,846. The 2021 limit is \$29,595. |
|------------------|--|---|-------------------------------------|
| | Source (include date of receipt for honoraria) | Туре | Amount |
| | Keane Shale | Approxed Teaching Fee | \$8,900 |
| Examples | Shirk of Marcian 4 | Legislativa Panskop. | \$18,000 |
| | Cityl Was Reconcluda (Oct. 2). Ontario County Bosird of Education | Spouse, Spanch Spouse, Saleary | \$1,000 N/A |
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SCHEDULE D - LIABILITIES

Name: Paul Anthehyr (3668) D.S.S. Page 6 of 10

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 owned to you by a spouse or the ability, or sibling of you are your spouse. Reports 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. 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

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| | | | | 5/20 | Date Liability Incurred MO/YR | | |
| | | | M | Mor | | | |
| | | | ortga | Mortgage on Rental Property, Dover, DE | Тур | | |
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| | | | Mortgage on Residence | ver, DE | , | | |
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| | | | | | Over \$50,000,000 | د | |
| | | | | | Over \$1,000,000* (Spouse/DC | * | |

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 |

SCHEDULE F - AGREEMENTS

Name: Paul Anthony Gosar D.D.S. _of_10

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

| Date | Parties to Agreement | Terms of Agreement |
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SCHEDULE G - GIFTS

acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics. 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 \$168 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits

| Example: Mr. Joseph Smith, Arlington, VA Silver Platter (prior determination of personal Mendal/lip received from the Committee on Ethica) \$800 | Source | Description | Value |
|--|--------|---------------|-------|
| | | ee on Ethics) | 000\$ |
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Paul Anthony Gosar D.D.S. Page 8 of 10

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

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 paid by you and reimbursed by the sponsor.

Examples Habitat for Humanity (Charity Fundraiser) Government of China (MECEA) Date(s) Aug. 8-11 He. T City of Departure-Destination-City of Return DC-Beijing, China-DC DC-Boston-DC (N/Y) ~ (YAL) ~ Family Member Included? (Y/N) z

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Paul Anthony Gosar D.D.S. Page 9 of 10

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| ist the source, onfidential list | ist 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 onfidential list of charities receiving such payments must be filed directly with the Committee on Ethics. | de by the sponsor c thics. | of an event to a charitable organization i | in lieu of paying an honorari | um to you. A separate |
| | Source | | Activity | Date | Amount |
| xamples: | Association of American Associations, Washington, DC | | Speech | Feb. 2, 2020 | \$2,000 |
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