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FILER INFORMATION

Name:	Mazi Melesa Pilip
Status:	Congressional Candidate
State/District:	NY03

FILING INFORMATION

Filing Type:	Candidate Report		
Filing Year:	2023		
Filing Date:	01/10/2024		
Period Covered:	01/01/2022-12/31/2023		

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
AiTX BITCOIN [OT]		\$50,001 - \$100,000	None		
DESCRIPTION: BITCOIN INVESTMENT					
AP NY COMPRHENSIVE MEDICAL CARE PC [OL]		\$1,000,001 - \$5,000,000	Dividends	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
LOCATION: SMITHTOWN SUFFOLK, NY, US DESCRIPTION: MEDICAL PRACTICE					
CHASE BANK ACCOUNTS [BA]		\$50,001 - \$100,000	None		
DESCRIPTION: NON INTEREST BEARING CHE	CKING A	/C'S			
PILIP MEDICAL CARE PC, 100% Interest [OL]		\$1 - \$1,000	Dividends	None	None
LOCATION: BOHEMIA / SUFFOLK, NY, US DESCRIPTION: MEDICAL PRACTICE IS LOSING	G MONEY	AS A NEW BUSINES	S.		
ROBINHOOD BROKERAGE, 100% Interest [OT]		\$1,001 - \$15,000	None		
DESCRIPTION: 2,806 OF STOCK					

Asset	Owner Value	of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
XRP COINBASE, 100% Interest [OT]	\$15,001	- \$50,000	None		
DESCRIPTION: BITCOIN INVESTMENT					

* For the complete list of asset type abbreviations, please visit <u>https://fd.house.gov/reference/asset-type-codes.aspx</u>.

SCHEDULE C: EARNED INCOME

Source	Туре	Amount Current Year to Filing	Amount Preceding Year
NASSAU COUNTY CONTROLLERS	WORK	\$80,000.00	\$80,813.00
AP NY COMPREHENSIVE MEDICAL CARE PC	WORK	\$50,000.00	\$50,000.00

SCHEDULE D: LIABILITIES

Owner	· Creditor	Date Incurred	Туре	Amount of Liability
JT	IRS	APRIL 2023	INCOME TAX	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

Exclusions of Spouse, Dependent, or Trust Information

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 benefiting 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 dependent child because they meet all three tests for exemption?

🔍 Yes 🔍 No

CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of

my knowledge and belief.

Digitally Signed: Mazi Melesa Pilip , 01/10/2024