

# FINANCIAL DISCLOSURE REPORT

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# FILER INFORMATION

Name: Hon. Anthony P. D'Esposito

Status: Member State/District: NY04

#### FILING INFORMATION

Filing Type: Annual Report

Filing Year: 2023

**Filing Date:** 05/15/2024

# SCHEDULE A: ASSETS AND "UNEARNED" INCOME

None disclosed.

#### **SCHEDULE B: TRANSACTIONS**

None disclosed.

#### **SCHEDULE C: EARNED INCOME**

Source	Туре	Amount
NASSAU COUNTY	ACCRUED TIME	\$2,331.68
TOWN OF HEMPSTEAD	FINAL PAYCHECK FROM PREVIOUS EMPLOYER	\$1,731.74
SAND STORM INC.	COMPENSATION FOR SERVICES	\$2,883.24

#### SCHEDULE D: LIABILITIES

Owner Creditor	Date Incurred	Туре	Amount of Liability
Salie Mae	2018	Co-sign School Loan	\$15,001 - \$50,000

# **SCHEDULE E: POSITIONS**

Position	Name of Organization
Board Member	Nassau County Firefighters Museum & Education Center
Founder	Jimi Gubelli Foundation
Board Member	LimbKind
Board Member	United States Holocaust Museum

**SCHEDULE F: AGREEMENTS** 

None disclosed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

# **EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offer	ing?
○ Yes ○ No	

**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?

O 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:** Hon. Anthony P. D'Esposito , 05/15/2024