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LEGISLATIVE RESOURCE CENTER

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE REPORT		FORM B For New Members, Candidates, and New Employees	
Name <u>PAUL B. LePage</u> Daytime Telephone _____			
FILER STATUS	☒ New Member of U.S. House of Representatives State <u>ME</u> District <u>02</u> Cand dates - Date of Election <u>Nov 2026</u>	☐ Check for Amendment	(Office Use Only)
	☐ New Officer or Employee Employing Office _____	Staff Filer Type (If Applicable) ☐ Shared ☐ Principal Assistant	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you or 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? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes ☒ No ☐	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes ☐ No ☒
C. Did you or your spouse have more than \$200 in unearned income from any reportable asset during the reporting period? Yes ☒ No ☐	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? Yes ☐ No ☒
D. Did you or your spouse or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes ☒ No ☐	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes ☒ No ☐

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER 'YES'
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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? Yes ☐ No ☒
EXEMPTION - Have you excluded from this report any other assets, unearned income, liabilities of a spouse or 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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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income	BLOCK D Amount of Income																							
																Current Year												Preceding Year											
		A	B	C	D	E	G	I	J	L	M		I	II	III	IV	V	VI	VII	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII						
Indicate the asset held during the reporting period (if the asset was sold during the reporting period, indicate the date of sale and the date of acquisition). If the asset was sold during the reporting period, indicate the date of sale and the date of acquisition. If the asset was sold during the reporting period, indicate the date of sale and the date of acquisition. For rental property, indicate the address and the state. For other property, indicate the address and the state. For an ownership interest in a privately held business, indicate the name of the business, the state, and the percentage owned. For a partnership interest, indicate the name of the partnership, the state, and the percentage owned. For a trust interest, indicate the name of the trust, the state, and the percentage owned. For a life insurance policy, indicate the name of the policy and the state. For a qualified plan or IRA, indicate the name of the plan and the state. For a 529 plan, indicate the name of the plan and the state. For a Roth IRA, indicate the name of the plan and the state. For a 401(k) plan, indicate the name of the plan and the state. For a 403(b) plan, indicate the name of the plan and the state. For a 457(b) plan, indicate the name of the plan and the state. For a 408(a) plan, indicate the name of the plan and the state. For a 408(b) plan, indicate the name of the plan and the state. For a 409(a) plan, indicate the name of the plan and the state. For a 409(b) plan, indicate the name of the plan and the state. For a 409(c) plan, indicate the name of the plan and the state. For a 409(d) plan, indicate the name of the plan and the state. For a 409(e) plan, indicate the name of the plan and the state. For a 409(f) plan, indicate the name of the plan and the state. For a 409(g) plan, indicate the name of the plan and the state. For a 409(h) plan, indicate the name of the plan and the state. For a 409(i) plan, indicate the name of the plan and the state. For a 409(j) plan, indicate the name of the plan and the state. For a 409(k) plan, indicate the name of the plan and the state. For a 409(l) plan, indicate the name of the plan and the state. For a 409(m) plan, indicate the name of the plan and the state. For a 409(n) plan, indicate the name of the plan and the state. For a 409(o) plan, indicate the name of the plan and the state. For a 409(p) plan, indicate the name of the plan and the state. For a 409(q) plan, indicate the name of the plan and the state. For a 409(r) plan, indicate the name of the plan and the state. For a 409(s) plan, indicate the name of the plan and the state. For a 409(t) plan, indicate the name of the plan and the state. For a 409(u) plan, indicate the name of the plan and the state. For a 409(v) plan, indicate the name of the plan and the state. For a 409(w) plan, indicate the name of the plan and the state. For a 409(x) plan, indicate the name of the plan and the state. For a 409(y) plan, indicate the name of the plan and the state. For a 409(z) plan, indicate the name of the plan and the state.																																							
None																																							
Examples: Mega Corp Stock Simon & Schuster ABC Hedge Fund																																							
ST EVER BANK ST VAL MARK ST SCCU																																							

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

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List the source, type, and amount of earned income from a y source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other positions 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: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2024 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2025 limit is \$33,285. In addition, certain types of income (notably honoraria and director's fees and payments for professional services involving fiduciary relationships) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)		Type	Amount	
			Current Year to Filing	Preceding Year
Examples	AB Tri Association Baltimore MD (July 5)	Honorarium		\$500
	State of Maryland	Salary	\$20,000	\$78,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A	N/A
Social Security (PAUL)		Retirement	39,671	50,204
Social Security (ANN)		Retirement	16,226	20,360
State of Maine (PAUL)		Retirement	22,764	29,034
Cook's Landing (ANN)		Spouse Salary	17,588	20,804

Use additional sheets if more space is required

SCHEDULE D – LIABILITIES

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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 children. Mark the high amount owed during the reporting period. **New 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, appliances; liabilities of a business which you own an interest (unless you are personally liable); and liabilities owed to you by 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 children.

S DC JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B			E	F			I		K
				\$10,001 \$15,000	\$15,001 \$50,000	\$50,001 \$100,000	\$100,001 \$250,000	\$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	Or \$50,000,000	Or \$1,000,000 (Spouse/DC Liability)
	<i>Example</i> First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE											
JT	Shawn Moody	5/2005	Lease Rental Prop	X										

SCHEDULE E – POSITIONS

Report all positions compensated or uncompensated 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. **New Members and secondaries:** did not report positions held in the report given and the current calendar year. **First year candidates and new employees:** report positions held in the current calendar year and two previous years.

Position	Name of Organization

Use additional sheets if more space is required.

SCHEDULE F -- AGREEMENTS

Name

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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

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

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat the information listed in Schedule I-C.

Source (Name and City/State)	Brief Description of Duties
<i>Example</i> Doe Jones & Smith, Hometown, State	Accounting Services

Use additional sheets if more space is required.

FILER NOTES
(Optional)

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Use additional sheets if more space required