APR 04 2014

PRELIMINARY INFORMATION -EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS In all sections, please type or print clearly in blue or black lnk Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES III. Did you, your spouse, or a dependent child have any report able liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III. Period covered: January 1, 2014 -**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 a dependent child? II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. Name: Muchael Wayne because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child Status Filer Each question in this part must be answered and the appropriate schedule attached for each "Yes" response House of Representatives New officer or Candidate for the employee April 1eman State: NC District: ___ **ANSWER EACH OF THESE QUESTIONS** Employing Office: 1014 242 Yes Yes Yes X X X Daytime Telephone Ö <u>8</u> 8 Date of Election: For use by candidates and new employees VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI. IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV. V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. May be 2014 Amendment Check if against any individual A \$200 penalty shall be more than 30 days late OFFICE OF THE CLERK LEGISLATIVE RESOURCE CENTER 2014 APR 14 (Office Use Only) Yes Yes Yes Yes PM 2:21 X who files assessed Page 1 of <u>₹</u> <u>8</u> ⊠ <u>8</u> ⊠ ᆼ <u>₹</u>

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. 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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Amount	ement programs, and benefits re	eceived under the Social Sec	Security Act.
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Wilkes County, North Carolina Public Schools	Salary	\$11,905	\$47,620
	Refere Fees		\$ 2,775
	Grant	G	\$ 1500
	Reporter Fees	0	4007
Wilkes County, North Carolina Public Schools	Spouse's Salary	\$11,755	\$47,020
	Spouses 1099 Wases	\$ 2940	\$13,170
	0		

Wells Faugo Ila	& Like Jos G. of the Southwest	SP Pacific Life Vor Annuly	Pacific Life Var Donnity	SPINC Teacher Pension	NC Teachers Pension	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	income during the reporting period); any deposits total- ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depen- dent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	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 ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	BLOCK A Asset and/or Income Source
*	X	>	*	unde termined	undermined	×	Indefinite	×	None \$1 ~ \$1,000 \$1,001 - \$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 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		B C D E F G H - J K L M	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report-	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	BLOCK B Value of Asset
*	*	*		X	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		If the asset generated no income during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k))	BLOCK C
*	7	7	*	7	*		×	×	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/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2501 - \$5,000		Current Year Prece		* This column is for income derived from assets solely held by your spouse or dependent child.	income. Check "None" if no income was earned or generated	For assets 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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as	BLOCK D Amount of Income
						×	×		\$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/DC Income over \$1,000,000*	V VI VIII IX X XI XII	Preceding Year		s solely held by your	or generated.	" in Block C, you may dicate the category of Dividends, interest, st be disclosed as	

SCHEDULE III — LIABILITIES

Name Michael W. Holleman

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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 dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

3		Date		A	₩ .		믜	E Amou	_ I	= -		G H	C H I I	\$
JT, DC,	Creditor	Liability Incurred mo/year	Type of Liability	4 13,000	\$30,000	PEA DA4	¢100,000	\$100,000 \$100,001— \$250,000	\$100,000 \$100,001— \$250,000 \$250,001— \$500,000	\$100,000 \$100,001— \$250,000 \$250,001— \$500,001— \$1,000,000	\$100,000 \$100,001— \$250,000 \$250,001— \$500,001— \$1,000,000 \$1,000,001— \$5,000,000	\$100,000 \$100,001— \$250,000 \$250,000 \$500,001— \$1,000,001— \$5,000,001— \$5,000,000— \$25,000,000—	\$100,000 \$100,001— \$250,000 \$250,001— \$500,001— \$1,000,000 \$5,000,000— \$25,000,000— \$25,000,000— \$25,000,000— \$25,000,000—	\$100,000 \$100,001— \$250,000 \$250,001— \$500,001— \$1,000,000 \$1,000,000 \$5,000,001— \$25,000,001— \$25,000,001— \$25,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE					×	×	X	X) x _ _	X	X
	Fed Loan Servicing	Sep/2012	Sep/2012 Direct Wasub Strudent Loan	X										
·,	Fed Loan Servicina) w. 120 cm	ul)2019 Occur Unsub Consolidation		\succ									
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SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solety of an honorary nature.	alure:
Position	Name of Organization
Chairman	Willies County, NC Demorat Party

CAMPAIGN NOTICE

APR 04 2014

REGARDING FINANCIAL DISCLOSURE REQUIREMENT CE CENTER

If you have not yet raised (either through contributions or loans from yourself of APR 14 PM 2: 21 others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6601

Indicate	Your	Status:
(Select (One)	

Dear Madam Clerk:

Date: 4/03/2014

V	Over \$5,000 Threshold Not
نگھت	Threshold Not
	Exceeded

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

	This is to notify you that under the laws of the state of
Withdrawal of Candidacy	I withdrew my candidacy for the U.S. House of Representatives on
	[Note: If your Financial Disclosure Statement was due before the date on which you withdrev
	from the race, you still must file a Financial Disclosure Statement with the House.]
	<u></u>
	Name (Please Print or Type): Michael W. Holleman
	Sura Novala Camalina

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601