

UNITED STATES HOUSE OF REPRESENTATIVES

Form A

2013 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2014 MAY -7 PM 2:13

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVESName: MICHAEL H. MICHAUD Daytime Telephone: 302-225-6306FILER
STATUSMember of or Candidate for
U.S. House of RepresentativesState: ME
District: 02Officer or
Employee

Employing Office:

REPORT
TYPE

2013 Annual (Due: May 15, 2014)



Amendment



Termination Date: _____

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, 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? or

b. Make more than \$200 in unearned income from any reportable asset during the reporting period?

Yes ☒ No ☐

B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?

Yes ☒ No ☐

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes ☒ No ☐

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point 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 ☐

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 ☐

G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?

Yes ☐ No ☒

H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?

Yes ☐ No ☒

I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?

Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

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

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.

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 that benefits 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? Do not answer "Yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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Use additional sheets if more space is required

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MICHAEL H. MICHAUD

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, S(part), or E	
		None	\$1-\$2,000	\$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-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*																				
	TEMPERLEY ESTATE (B)			X																	X													
	JOHN HANCOCK HIGH																				X													
	VEER A			X																	X													
	COLUMBIA VALLEY																				X													
	RESTRUCTURED																				X													
	FIDELITY HIGH ACCOUNT																				X													
	HORNBURG CL A																				X													
	COLUMBIA MID (HP)																				X													
	OPPORTUNITY CL A																				X													
	COL MARESCO CL																				X													
	AMERIKAPLUE ROOTH																				X													
	CONVERSION IRA																				X													
	FIDELITY ADV. PLAN																				X													
	INCOME ADV																				X													
	COL PORT BLDN																				X													
	RIOD AGGRESSIVE																				X													

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MICHAEL H. MICHARD

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income												BLOCK E Transaction
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
		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-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									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 Asset with income over \$1,000,000*	
	41741 PARTNERSHIP																																		
	REBECCAH ESTATE																																		
	HUGUSTA, INC																																		
	ARIZONA STATE																																		
	RETIREMENT																																		
	PENSION PLAN																																		
	EAST MOUNTAIN																																		
	ACCOUNTS																																		
	more Asset of																																		
	MICHAEL MICHARD																																		
	(SEE SCHED C)																																		

SCHEDULE B - TRANSACTIONS

Name: MICHAEL H MICHAEL

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Report any purchase, sale, or exchange transaction that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent child, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: 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 solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Check Box if Capital Gain Exceeded \$200	Date	Amount of Transaction										
SP	Example Mega Corp. Stock	Purchase		(MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000 (Spouse/DC Asset)
	MIDCAP VALUE A	X		10-22-13	X										
	109 MAIN STREET	X		11-30-13	X										
	111 MAIN STREET	X		11-30-13	X										
	89 ST MILLINOCKET, ME														
	COLUMBIA MARISCO CL	X		10-22-13	X										
	COLUMBIA MIDCAP OPPORTUNITY	X		10-22-13	X										

SCHEDULE D - LIABILITIES

Name: MICHAEL H. NICHARD

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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 child. Mark the highest amount owed during the reporting 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 owed to you by a 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 reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability					
				B \$15,001-\$50,000	D \$100,001-\$250,000	F \$500,001-\$1,000,000	H \$5,000,001-\$25,000,000	J Over \$50,000,000	
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE		X				
	N/A								

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 listed in Schedule C; 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
PARTNER	HWM PARTNERSHIP, ALEXANDRIA, VA

SCHEDULE F - AGREEMENTS

Name: MICHAEL H. MCHARD Page 9 of 9

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
6/11	INTERMOUNTAIN ASSOCIATION OF	
	MACHINISTS PENSION PLAN	NATIONAL PENSION PLAN
12/00	MAINE STATE EMPLOYERS	MAINE STATE RETIREMENT
	RETIREMENT PLAN	

SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, 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 \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
N/A		