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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: **2013 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES** 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? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: 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 IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS exceeding \$1,000 during the reporting period? tests for examption? reporting period? REPORT TYPE FILER end of the reporting period? <u>or</u> b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period MICHAEL 区 X Do not answer "yes" unless you have first consulted with the Committee on Ethics. 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for MICHAUD District: State: 2 ž × * ž 8 × × No Daytime Telephone: スタン・スユニー6306 × Amendment Z 종 ᇹ For Use by Members, Officers, and Employees ٠ 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single Form A Employee Officer or Employing Office: Termination Date: LEGGLATIVE BESOURCE CENTER OFFICE OF THE CLERK S. HOUSE OF **(Officesens-omg)** 2314 指於一7 PH 2:13 HAND DELIVERED 2 *** š** 젛 \$ ž š × 20 몽 픙 Z ₹ 중 풓 X 区

SCHEDULE A - ASSETS & "UNEARNED INCOME"

A – ASSETS 8	A - ASSETS & "UNEARNED INCOME"	Name: WICHAEZ H. MICHAUD	MCHAUD	Page 2 of 2	
OCK A	всоск в	BLOCK C	вгоск о	вгоск £	m m
Income Source	Value of Asset	Type of Income	Amount of Income	ome Transaction	ction
at held for investment or	te value of asset at close of the reporting period. If you use a ion method other than fair market value, please specify the method	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or	For assets for which you checked "Tax- may check the "None" column. For all	Observed" in Block C, you Indicate if other assets indicate the lasset had	
end of the reporting period, used.		529 accounts), you may check the "Tax-Deterred" calegory of income by checking the appropriate box below, purchases (P),	calegory of income by checking the	appropriate box below. purchases	9

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EAST 1	100	100	15 18 18	FRAZZ	MICHAND		Exemples.	SP	Asset and/or income State held for production of income and with a far exceeding \$1,000 at the end of the scaeding \$1,000 at the retirement 401(k) plans) provide the value for eath a cocount that exceeds the reporting accounts. If the scaed that is not publicly traded, state if the scaed that is not publicly traded, state if the scaeding property," and a city and state. For an ownership interest hands to the provide a complete address or do "rental and other reel property half business, the nature of its actity and scaeding the scaeding traded, state if the scaeding traded in the scaeding trad
MILLINOCKER,	KARN ST	MAIN ST	WEREST/REAL ESTA	FORTNERSHIP (50)	NO + MICHAGO	ABC Hedge Fund X	Simon & Schuster	Maga Corp. Stock	Asset and/or income Source dentity (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). Provide complete names of stocks and mutual funds (do not use only ticker symbols). Provide complete names of stocks and mutual funds (do not use only ticker symbols). 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. For bank and other resi property held for investment, provide a complete address or description, e.g "rental and other resi property held for investment, provide a complete address or description, e.g "rental property," and a city and state. 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 location in Block A. Exclude: Your personal residence, including second homes and vacalion homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Swings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (OC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.
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	×	×	*(126			usi :	Ů.		Type of income Type of income Check all colums that apply. For a generals tax-deferred income (such as 4) 529 accounts), you may check the column. Dividends, interest, and cover if reinvested, must be discloser for asset held in taxable accounts. O income during period. REDIT: INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAXABLE ACCOUNTS TAXABLE TAXABLE TAXABLE TAXABLE CAPITAL GAINS EXCEPTED/BLIND TRUST TAXABLE TAXAB
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	V	, Vo				Ī		3	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (S), or exchanges (S) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold please indicate as follows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1,000.
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SCHEDULE A – ASSETS & "UNEARNED INCOME"	COME"	Name: 41164427 H. A.)	MH (301) Page 3 of	0
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### Notes	BLOCK A Asset and/or income Source	BLOCK B Value of Asset	BLOCK C Type of Income		BLOCK E
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	SCHEDULE A - ASSETS & "UNEARNED INCOME"
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SCHEDULE B - TRANSACTIONS

Name: MICHAEL H WICHAUD Page bo of

									Cumanage	COLUMBIA MIN CAP	COLUMBIA MARISCO CL	EAST MILLINGERET, ME	1	109 MAIN STREET	MINCAP VALUE A	SP Example Mega Corp. Stock	SP.DC.JT ASSet	requisor in a capital loss. Provide a brief description of an extralige transaction. Exclude transactions between you, your spouse, or dependent children, 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 Galns: if a seles 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.	Report any purchase, sele, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child by Investment or the production of Income, include transactions that
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SCHEDULE C - EARNED INCOME

Name: MICHAEL H MICHALD

TWA
INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. 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.

ypes of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	e totally prohibited.	A
Source (include date of receipt for honoraria)	Туре	Amount
Keans Stats State of Maryland	Approved Teaching Fee	\$6,000
Examples: Civil War Roundable (Oct. 2) Ontano County Board of Education	Spouse Speech Spouse Salary	\$1,000 \$1,000 N/A
INTERMATIONAL ASCOCIATION OF MACHINISTS	PENNON MEANE	2,232

SCHEDULE D - LIABILITIES

Name: MICHAEL H. MICHALD Page

Page P of 9

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: Nembers 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 Nember); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile); 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.

				Б Б
			Example	1121-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	NIA		First Bank of Wilmington, DE	Creditor
			5/98	Date Liability Incurred MO/YR
			Mortgage on Rental Property, Dover, DE	Type of Liability
24				\$15,001- \$50,000
				\$100,001-
			×	\$250,000 D Amount of Liability \$500,001-\$1,000,000
6 20 145 2 6 14 4		2 % 2 % % 3 % %		\$5,000,001-
				\$25,000,000 ± Over \$50,000,000 =

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 entitles (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
PARTNER	MYM PARTNERSHIP MUGUSTA, ME

SCHEDULE F - AGREEMENTS

Name: MICHAEC H. MICHALD Page 2

Page 2 of 3

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	6/11 INTERNATIONAL ASSOCIATION of	
	MACHINISTS PENSION RAN	MATTOWAL PEDICION PLAN
12/00	12/00 MAINE STATE EMPLYEET	
	RETIREMENT PLAN	MAINE STATE RETIREMENT

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 Ethica Committee)	\$400
MM		