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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members, C	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CERTER
Name: Richard A, May	Daytime Telephone:	16:_	OFFICE OF THE CLERK OFFICE OF REPRESENTATIVES
New Member of a Candidate for State: Ch & C U.S. House of Representatives District: Mine Candidates – Date of Election: 1 — 4 — 1 4	<u>c</u>	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	THESE QUESTI	ONS	
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 unearmed income from any reportable asset during the reporting period?	d is	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period of the second of th
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?	\$ 7.7	F. Do you have any reportable agreements or arrangements with an outside entity?	or arrangements with Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes Hability (more than \$10,000) at any point during the reporting period?	* X 8:-	J. Did you receive compensation of more than i source in the current year and two prior years?	ve than \$5,000 from a single Yes No No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER " THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED	ESPONDING SCHE		YES" TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF TH	INFORMATION -		ESE 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?) Ethics and certain other "	excepted trusts" need not be disclosed. Hi	lave you excluded from Yes 🔲 No 🗐
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	come, transactions, or liabil committee on Ethics.	~	because they meet all three Yes . No 12

SCHEDULE A - ASSETS & "UNEARNED INCOME"

HEDULE A – ASSETS	HEDULE A – ASSETS & "UNEARNED INCOME"	Name: Rfc	Name: Richard A. May Page 2 or 1	
BLOCK A	BLOCK B	вгоск с	вгоск в	
seets and/or income Sources	Value of Asset	Type of Income	Amount of Income	
y (a) each seet held for investment or tion of income and with a file market value sing \$1,000 at the end of the reporting period by any other reportable seast or source of a which generated more than \$200 in red income during the year.	inclicate value of asset at close of the reporting period. If you use a valuation method other than fish market value, please specify the method used. If an asset was acid during the reporting period and is included only because it generated income, the value should be "hore."	Check all columns that apply. For accounts that generals suc-defensed income (auch as 401(t), IRA, 629 accounts), you may check 401(t), IRA, 629 accounts), you may check the Tac-Defensed column. Dividends, interest, and coupled gainer, even it winnessed, must be disclosed as income	y (a) each asset held for investment or indicate value of asset at close of the reporting period. If Check all columns that apply. For accounts For assets for which you checked "Tax-Deferred" in Block C, you may check the "Norse" column. For all its of income and with a fair market value journal and the reporting period pe	column. For all idencis, interest, held in taxable set.
t use only ticker symbols). I MAs and other retinement plans (such se	Aild in which you have no interest.	nome during the reporting period.		

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						Eyamolas:			n detailed ements, please	so ahoose, yo se source is ndent child (DC optional colum	have a privatel brient Fund, ple	de: Your pans a and vacation a and vacation be during the re at in, or incoment program,	For an ownership interest in a hat is not publicly traded, at hat is not publicly traded, at tueiness, the nature of its peographic location in Block A.	intel and other is a complete property," and	unk and other o terest-bearing 0, list every fir then \$1,000 in i	H IRAs and c) plens) provide count that exce	Provide complete names of stoc (do not use only ticker symbols).	dentity (a) each asset held it production of income and with a production of income and of the lend of	Assets and	
						Simon & Bohueter	Mage Corp Stock		For a detailed discussion of Schedule requirements, pieces refer to the instruction booklet.	# you so choose, you may indicate that an asset or income source is that of your apouse (SP) or dependent child (DC), or jointly hald with anyone (JT), in the optional column on the far left.	If you have a privately-tracked fund that is an Excepts investment Fund, please check the "EIF" box.	Exclude: Your personal recidence, including second homes and vacation homes (unless there was nexts income during the reporting period); and any financial harnest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	privetely-held busin late the name of a activities, and	For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property,' and a city and state.	For bank and other cesh ecocunts, lotal the emount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more then \$1,000 in interest bearing accounts.	For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the ecount that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	dentity (a) each asset held for investment or roduction of income and with a fair market value would be seen and the reporting period, and (b) any other exportable sees or source of ncome which generated more than \$200 in treamed income during the year.	Assets and/or income Sources	
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-					├	┞	-	╅	None \$1-\$1,000							┨ .	*Column M is for assets held by your spouse or dependen child in which you have no interest.	indicate value of asset at close of the reporting period. If you use a valuetion method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."		
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					Partnership	Royalles	-		Other Type		Specify: e	e.g., Partnesship inc	ome or Ferm Inc	pere)			orienated n	Check all columns that apply. For accounts fruit generate tax-deferred income (auch as 401(s), IRA, 629 accounts), you may check the "Tax-Deferred column), you may check the "tax-Deferred column), you may check the "tax-Deferred column), which is tax-Deferred columns, even if interest, and capital gains, even if	•	
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						×	I		\$5,001-\$1						≤	Preceding Year		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 saying gring, even if reliverated, must be declosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your apouse or dependent child in which you have no interest.		
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Use additional sheets if more space is required.

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SCHEDULE C - EARNED INCOME

Name:
Page Y of 197

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	and filer's apouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.	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 both the filer	
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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 \$26,855. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		Am	Amount
Source (include date of receipt for nonorana)	lype	Current Year to Filing	Preceding Year
╝	Honorarium	420 DOS	\$500
Examples: CM War foundable, Richmond, VA (Oct. 2) Organo County Board of Education	Spouse Speech	SO SO	\$1,000 N/A
Consider Combin BOR	Waser		2503,75
Marc Classman, Inc	Wages		1058.64
Unemployment	Companyation		5468.00

Page 5 of 7	

Name:

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. 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, 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 the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

exceed	exceeded \$10,000.	Column K is for liabilities neid sowly by your spouse or department child.	by your spouse	or uppericent critic		>		>	> ~	> ~	> ~	Amount o	> ~	Amount of Liability	Amount of Liability
ည်း (၁၈		Creditor	Date Liability Incurred MO/YR	Type of Liability	_	\$10,001- \$15,000	\$10,001-	\$10,001- \$15,000 \$15,001-	\$10,001- \$15,000 \$15,001- \$50,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,000 \$250,000 \$500,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$500,001- \$1,000,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,001- \$250,001- \$500,001- \$1,000,000 \$1,000,000- \$5,000,000-	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,000 \$250,000 \$500,000 \$1,000,000 \$1,000,000 \$5,000,000 \$25,000,000 \$25,000,000
•	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	æ	R	Om .	R	×						
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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 lated 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. New Members and second-year candidates report

positions held in the reporting period and the current calendar	positions held in the reporting period 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
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SCHEDULE F - AGREEMENTS

Name:	
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Identify the	e date, parties to, and general terms of any agreement or amangement that you havion or deferral of payments by a former or current employer other than the U.S. gove	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
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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 type 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 information listed on Schedule C.

Sovernment at	to any information considered confidential as a result of a	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information nature on adherent confidence of
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	Al MALE	
	11014	

FILER NOTES (Optional)

Name:

							NOTE NUMBER
						Currently living on Social Scenty Dirability	NOTES