



Filing ID #10010130

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Mr. Michael Joseph Del Rosso  
**Status:** Congressional Candidate  
**State/District:** VA05

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2016  
**Filing Date:** 04/15/2016

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Acuity Tech Solutions, Inc., 100% Interest LOCATION: Charlottesville, VA, US DESCRIPTION: Services company - executive consulting		\$1 - \$1,000	None		
Logical Technical Services Corp., 100% Interest LOCATION: Washington, DC, US DESCRIPTION: Services Company		\$1 - \$1,000	None		
Nimaya Inc., 43% Interest LOCATION: Washington, DC, US DESCRIPTION: Company is an Independent Software Vendor (ISV)		\$100,001 - \$250,000	None		

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Grey Castle Group, Inc.	Technical Consulting	\$	\$89,000

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	NASA FCU	2015	Credit Card Balance	\$15,001 - \$50,000
	Bank of America	2015	Credit Card Balance	\$10,000 - \$15,000
	Ally Credit	2015	Automobile Loan	\$15,001 - \$50,000

## SCHEDULE E: POSITIONS

Position	Name of Organization
President, CEO, Chairman	Acuity Tech Solutions, Inc.
President, CEO, Chairman	Logical Technical Services Corp
President, CEO, Chairman	Nimaya Inc.

## SCHEDULE F: AGREEMENTS

None disclosed.

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

Source (Name and Address)	Brief Description of Duties
Grey Castle Group, Inc. (Mooresville, NC, US)	Executive Consulting
Center for Security Policy (Washington, DC, US)	Policy Analysis

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 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?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Mr. Michael Joseph Del Rosso , 04/15/2016