



Filing ID #10010696

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Michael Leo Wade
Status: Congressional Candidate
State/District: VA04

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2016
Filing Date: 05/16/2016
Period Covered: 01/01/2015– 04/30/2016

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Dominion Resources, Inc. (D)		\$15,001 - \$50,000	Dividends	\$1,001 - \$2,500	\$1,001 - \$2,500
HCA Holdings, Inc. (HCA)	SP	\$50,001 - \$100,000	Tax-Deferred		
International Textile Group, Inc. (ITXN)		\$1,001 - \$15,000	None		
Knights of Columbus		\$250,001 - \$500,000	None		
vantagepoint growth fund		\$50,001 - \$100,000	Tax-Deferred		
vantagepoint plus fund		\$15,001 - \$50,000	Tax-Deferred		
Virginia retirement system		\$250,001 - \$500,000	Tax-Deferred		

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Henrico Virginia county employee	Salary	\$153,890.52	\$172,852.08
Henrico Virginia county employee	Salary	\$172,852.08	\$153,890.52

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	American Express	January 2012	Credit Card	\$15,001 - \$50,000
	Barclay	September 2008	Credit Card	\$15,001 - \$50,000
	Barclay	March 2009	Credit Card	\$15,001 - \$50,000
	Henrico Federal Credit Union	March 2016	Unsecured Line of Credit	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

Position	Name of Organization
President	American Correctional Association
Vice President	American Correctional Association
Vice Chairman	Virginia Alcohol Safety Action Program

SCHEDULE F: AGREEMENTS

None disclosed.

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

None disclosed.

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: Michael Leo Wade , 05/16/2016