

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2013 - May 15, 2014

JUN 18 2014

LEGISLATIVE RESOURCE CENTER

Name: William F. Thompson Daytime Telephone: _____

U.S. HOUSE OF REPRESENTATIVES
OFFICE OF THE CLERK
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Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>Michigan</u> District: <u>First</u>	Date of Election: <u>Primary & General 2014</u>	Check if Amendment <input type="checkbox"/>
	<input type="checkbox"/> New officer or employee	Employing Office: _____	<u>Executive 2014</u>	

In all sections, please type or print clearly in blue or black ink.

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE 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 benefiting you, your spouse, or a 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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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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Continuation Sheet (if needed)

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Continuation Sheet (if needed)

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M & T Securities

Dividends

Investment

YTD Income to
Value 12/31/2013 5/15/2014 Income 2013

Aetna Inc	C	II	II
Briston Myers Squibb	D	III	III
Chevron Corp	E	III	IV
Duke Energy Corp	C	II	III
General Electric	E	IV	IV
Health Care REIT Inc.	C	II	III
JP Morgan Chase	D	III	III
Spectra Energy Corp	C	II	III
A T & T Inc	B	II	II
Verizon	D	III	IV
Xcel Energy Inc	D	III	IV
Exxon Mobile Corp	D	III	IV
Zimmer Hldgs Inc	C	II	II

Vornado Trust	None	None	II
Transamerica Income Shares	None	None	II
Frontier Communications	None	None	II

M & T Securities

Gains/Losses

YTD Gain to
Value 5/15/2014 5/15/2014 Gain 2013

Vornado Trust	0	None	II
Transamerica Income Shares	0	None	II
Xcel Energy	0	None	IV

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SCHEDULE III — LIABILITIES

Name

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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 dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability									
				A \$10,001— \$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
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X						
	None												

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
None	

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Terms of Agreement

SCHEDULE VI – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Brief Description of Duties

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