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UNITED STATES HOUSE OF REPRESENTATIVES 201#FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and	Employees	LEGISLATIVE RESOURCE CENTER
Name: MICHAEL H. MICHAUD Days	Daytime Telephone:	2015 J U.S. HOUS	U.S. HOUSE OF REPRESENTATIVES
FILER Member of or Candidate for State: STATUS U.S. House of Representatives District:		Officer or Employing Office: Employee	
REPORT 2013 Annual (Due: May 15, 2014)	Amendment	Termination Date:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QU	QUESTIONS		
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?	F. Did you have any reports outside entity during the representation of the date of	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?	with an Yea X No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes No		G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	gle Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes Peporting period?	No Reportable travel or reimbur \$350 in value from a single	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	Man Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No L Did any individual or orgalieu of paying you for a spering period?	I. Did any individual or organization make a donation to charity in iteu of paying you for a speech, appearance, or article during the reporting period?	g the Yes No
E. Did you hold any reportable positions during the reporting period or in Yes X	No ATTACH T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	LE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	T INFORMATION - AN	NSWER <u>EACH</u> OF THESE QUESTIONS	ESTIONS
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.	ing during the reporting period?	f you answered "yes" to this question, please	contact Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need no this report details of such a trust that benefits you, your spouse, or dependent child?	cs and certain other "excepted tru	sts" need not be disclosed. Have you excluded from	ed from Yes No X
EXEMPTION - Have you excluded from this report any other essets, "uneemed" 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.	, transactions, or liabilities of a sp littee on Ethics.	buse or dependent child because they meet a	sil three Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MICHAEL H MICHALD Page 2

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PARTON SOND SOND SOND SOND SOND SOND SOND SO	DC, SP Magar Copt, Stock Est TEmprise: Simon & Schwater ABC Hadge Fund X	For all IRAs and other neterment plans (such as 401(0) plans) provide the value for each sessit head in the account that accounts the reporting thresholds. For beach and other cash accounts, total the amount in all interest-bearing accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. For rental and other real property hald 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 that is not publicly traded, state the name of the business and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal information than the state of the state o	Asset and/or income Source Identity (a) each asset held for investment or production of income and with a fair market value enceding \$1,000 at the end of the reporting pariod, and (b) any other reportable asset or source of frooms 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).
	indefinite ×	None > \$1,001-\$16,000 C \$250,001-\$100,000 m \$250,001-\$500,000 C \$1,000,001-\$5,000,000 T \$25,000,001-\$50,000,000 T \$250,000,001-\$50,000,000 T	BLOCK B Value of Asset biddes value of asset at dose of the reporting period. If you use a value one than fair market value, please specify the method used. If an asset was said during the reporting period and is included only because it generated income, the value should be Thone." *Column M is for assets held by your spouse or dependent child in which you have no trianset.
XX	X Royalises Pertnership income	DIVIDENDS INTEREST EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Check all odumns that apply. For accounts that generals travelifered income (such as 401(s), IRA, or 529 accounts), you may check the Tax-Defensed column. Dividende, interest, and capital galax, even if reinvested, must be disclosed as income for assets theid in bandle accounts. Check Thomes for assets theid in bandle accounts. Check Thomes if the asset generated no income during the reporting period.
	×	\$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 Spourse/DC Asset with Income over \$1,000,000*	BLOCK D Amount of Income For assets for which you checked "Tau-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of throme by checking the appropriate box below. Dividends, interest, and cupited galne, even if retirvestest, Dividends, interest, and cupited galne, even if retirvestest, Dividends, interest, and cupited galne, even if retirvestest, Dividends. Check "None" if no income was samed or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest.
	S(part)	please indicate as follows: (6 (part)). Leave this column before are no transactions that exceeded \$1,000.	BLOCKE Transaction Indicate if the seast had purchase (P), seles (8), or successing \$1,000 in the reporting period in seast was sold in seast was sold

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le de la constante de la const																Spouse/DC Asset over \$1,000,000* EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of income	BLOCK C	Name: MICHAET H W
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\$50,001-\$100,000		Value	NED II
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Spouse/DC Asset over \$1,000,000*	Spouse/DC Asset over \$1,000,000*		
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Other Type of income (Specify: e.g., Partnership income or Farm income)			7.
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\$5,001-\$15,000		BLOCK D	
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\$1,000,001-\$5,000,000	\$1,000,001-\$5,000,000		Š.
Spouse/DC Asset with Income over \$1,000,000*		Ta B	g
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SCHEDULE B - TRANSACTIONS

Name: MICHAEL H MICHALD Page 6 of

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														•	CONTENTANTE	CALULANA CAPITAL ALLOC	CONSERVATIVE	COLUMNIA CAPITAL ALLOC	Megii Corp. Stock	Asset	Capitel Gains: If a sales transaction requised in a capitel gain in excess of \$200, check the "capitel gains" box, unless it was an asset in a tax-deferred account, and disclose the capitel gain income on Schedule A. *Column K is for eassis solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions the fagantient child for investment or the production of income. Include transactions transaction are scaled in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the burchase or sale of your personal residence, unless it gonerated residence. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	toport any purchase, sale, or exchange transactions that autoseded \$1,000 in the exortion partial of any security or real namenty held by your your secure of your
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SCHEDULE C -- EARNED INCOME

Name: MICHAEL H MICHAUD Page 7 of 9

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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. 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.	nment) totaling \$200 or more during the relow. Social Security Act. reated at or above the "senior staff" rate rotally prohibited.	reporting period. For a spouse, list was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Ksens State Examples: State of Maryland CM War Roundable (Oct. 2)	Approved Teaching Fee Legislative Pennion Secure Security	\$6,000 \$18,000 \$1,000
Omano County sound of Education		50 C C C C
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SCHEDULE D - LIABILITIES

Name: MICHART H MICHARD PA

Page 8 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. Iffembers: 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 sutomobiles, 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, perent, 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.

Date	Date		8 0	8 0	8		Amount of Liability
Type of Liability			\$15,001- \$50,000 ® \$100,001- \$250,000	\$15,001- \$50,000 @ \$100,001- \$250,000	15,001- 50,000 ®	Amount of Llability	\$15,001- \$50,000 © \$100,001- \$250,000 T \$500,001- \$1,000,000
	315,001- 350,000 ⁵⁰	\$15,001- \$50,000 [®]	\$100,001- \$250,000	\$100,001- \$250,000	100,001- 250,000	Amount of Liability	\$100,001- \$250,000 P Amount of Liability \$5,000,000 T

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, f	listed in Schedule C; positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
PARTHER	MAM PARTHERSHIP, AUGUSTA, ME

SCHEDULE F - AGREEMENTS

Name: HICHAST # MICHAUD Page.

11CHALLE Page 9 of 9

Identify the data, 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 ASSECTATION of	
	MACHINISTS REVISION PLAN	MATTONIA PENSION PLAN
1260	1260 MAINE STATE EMPLOYEES	
`	RETREMENT PLAN	HAINE STATE RETINEMENT

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

ture.			
	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA		\$400
	N/A		