

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**2019 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For Use by Members, Officers, and Employees

**HAND DELIVERED** Page 1 of 6

Name: Wm. Lacy Cray

Daytime Telephone: 202-225-2406

*W.L.C.* 2020 MAR 15 AM "by" 59  
LEGISLATIVE RESOURCE CENTER

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MO</u>	District: <u>01</u>	REPORT TYPE	<input checked="" type="checkbox"/> 2019 Annual (Due: May 15, 2020)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination:

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE 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?   
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
- B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
- 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?
- D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? In the current calendar year up through the date of filing?
- E. Did you hold any reportable positions during the reporting period or Yes  No
- 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?
- G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?
- H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?
- I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?

**IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS**

- 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.  Yes  No
- TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits 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 your 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

# SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Wm. Lacy Cray

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BLOCK A		BLOCK B												BLOCK C												BLOCK D												BLOCK E											
Assets and/or Income Sources		Value of Asset												Type of Income												Amount of Income												Transaction											
Identify (a) such asset held for investment or production of income and with a fair market value, exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in “unearned” income during the year.		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “Tax-Deferred” category of income by checking the appropriate box below column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated.												For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the most recent purchases (P), sales (S), or exchanges (E) made in the reporting period.																							
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		For all REAs and other retirement plans (such as 401(k) plans), provide the value for each asset held in the account that exceeds the reporting thresholds.												If an asset was sold during the reporting period and is included only because it generated income, the value should be “None.”												Leave this column blank if no assets were held in taxable accounts. Check “None” if no income was earned or generated.																							
For bank and other cash 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 an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												Leave this column blank if no assets were held in taxable accounts. Check “None” if no income was earned or generated.																							
\$P. DC, IT	SP Mgt Corp. Stock Example: Simon & Schuster ABC Hedge Fund	EF	None												None												None																						
Identify		X	\$1-\$1,000												\$1-\$1,000												I																						
Identify		X	\$1,001-\$15,000												\$1,001-\$15,000												II																						
Identify		X	\$15,001-\$50,000												\$15,001-\$50,000												III																						
Identify		X	\$50,001-\$100,000												\$50,001-\$100,000												IV																						
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Identify		X	\$5,000,001-\$25,000,000												\$5,000,001-\$25,000,000												IX																						
Identify		X	\$25,000,001-\$50,000,000												\$25,000,001-\$50,000,000												X																						
Identify		X	Over \$50,000,000												Over \$50,000,000												XI																						
Spouse/DC Asset over \$1,000,000*		Spouse/DC Asset over \$1,000,000*												Spouse/DC Asset over \$1,000,000*												Spouse/DC Asset over \$1,000,000*																							
None		None												None												None																							
DIVIDENDS		None												None												None																							
RENT		None												None												None																							
INTEREST		None												None												None																							
CAPITAL GAINS		None												None												None																							
EXCEPTED/BLIND TRUST		None												None												None																							
TAX-DEFERRED		None												None												None																							
Other Type of Income (Specify e.g., Partnership Income or Farm Income)		None												None												None																							
None		\$1-\$200												\$1-\$200												I																							
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None		Over \$5,000,000												Over \$5,000,000												X																							
Spouse/DC Asset with income over \$1,000,000*		Spouse/DC Asset with income over \$1,000,000*												Spouse/DC Asset with income over \$1,000,000*												Spouse/DC Asset with income over \$1,000,000*																							
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**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Kim Lacy Caylor

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income		BLOCK D Amount of Income												BLOCK E Transaction											
OC.	ASSET NAME	E/F	A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P	S	B	R	E							
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			Over \$50,000,000																																				
			Spouse/DC Asset over \$1,000,000*																																				
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			Over \$5,000,000																																				
			Spouse/DC Asset with income over \$1,000,000*																																				
																											P	S	B	R	E								

**SCHEDULE C – EARNED INCOME**

Name: Um elacer Elay

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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 sources 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 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

**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 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. In addition, certain types of income (notably honoraria, directors' fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Keene State State of Maryland Civil War Roundtable (D.C.) Ontario County Board of Education	Approved Teaching Fee Legislative Payment Spouse Speech Spouse Salary	\$6,000 \$18,000 \$18,000 NA
MISSOURI STATE RETIREMENT SYSTEM TREATMENT CENTERS OF AMERICA	RETIREMENT PENSION	# 21,090 N/A

Use additional sheets if more space is required.

## SCHEDULE D - LIABILITIES

Name: Wm Lacy Clay

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **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.

Sp. DC, IT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability									
				A	B	C	D	E	F	G	H	I	J
	First Bank of Wilmington, DE	5/19	Mortgage on Residential Property, Dover, DE										
	<u>RECTOR'S MORTGAGE</u>	<u>6/82</u>	<u>MORTGAGE ON RESIDENCE IN DOVER</u>										
	<u>CONCRETE WORKS ETC</u>	<u>10/13</u>	<u>Same as above</u>	X									
	<u>SP. TO MORTGAGE ATTACHE</u>	<u>12/05</u>	<u>MORTGAGE ON RESIDE</u>										
			<u>MPTV-WOODBRIDGE</u>										
			(SOLD 7/19)										
				X									

## 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 held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
<u>DIRECTOR</u>	<u>WM L CLAY SCHOLARSHIP &amp; RESECHT FUND</u>
<u>DIRECTOR</u>	<u>PROJECT VOTE SMART</u>

## SCHEDULE F – AGREEMENTS

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
9/11	MISSOURI STATE EMPLOYEES RETIREMENT SYSTEM	MISSOURI STATE LEGISLATORS RETIREMENT

## SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), 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 \$150 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 rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400

Use additional sheets if more space is required.

Name: Wm Lacy Clay

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