# STATEMENT OF ECONOMIC INTERESTS

NAM	E Michael C. May			Candidate f	
TQZ KIVI.	Elviicilael 6. May		Elec	tion to this	
OFFIC	CE OR POSITION		-	_YES <u>x</u>	NO
	or sought PRTC Chairman				
AGEN	ICY/BUSINESS NAME PRTC	<b>РНО</b> МЕ <b>703</b> -	583-7782		
AGEN	ICY/BUSINESS ADDRESS 14700 Potomac Mills Road		•		
CITY	Woodbridge	STATE VA	ZIP 2219	2	
NAM	es of members of immediate family Amelia – wife; Leo – son; Nat	:alia – daughter; Mari	na - daugh	nter	
COM	IPLETE ITEMS 1 THROUGH 10. REFER TO SCHEDULES ONLY IF I	DIRECTED.			
You	may attach additional explanatory information.				
1.	Offices and Directorships.  Are you or a member of your immediate family a paid officer or paid director of a busines.	s?		YES	x NO
	If yes, complete Schedule A				
2.	Personal Liabilities.  Do you or a member of your immediate family owe more than \$10,000 to any one (Exclude debts to any government and loans secured by recorded liens on property at least		iabilities?	x YES	NO
	If yes, complete Schedule B				
3.	Securities.  Do you or a member of your immediate family, directly or indirectly, separately or togo \$10,000 invested in one business? Account for mutual funds, limited partnerships and tru		excess of	x YES	NO
	If yes, complete Schedule C				
4.	Payment for Talks, Meetings, and Publications.  During the past 12 months did you receive lodging, transportation, money, or anythin exceeding \$200 for a single talk, meeting, or published work in your capacity as an officer		ned value	☐ YES	x NO
	If yes, complete Schedule D				
5.	Gifts.  During the past 12 months did a business, government, or individual other than a relative any gift or entertainment at a single event, and the value received by you exceeded \$50 entertainment in any combination and the value received by you exceeded \$100 in total variedered services in exchange? Account for entertainment events only if the average value \$50 in value. Account for all business entertainment (except if related to your private proto your official duties.	in value or (ii) furnish you wit value; and for which you neither e per person attending the event	h gifts or paid nor exceeded	x YES	NO
	If yes, complete Schedule E				
6.	Salary and Wages.  List each employer that pays you or a member of your immediate family salary or wages state or local government or advisory agencies.) If no reportable salary or wages, check he	ere 🗌	(Exclude		
Alb	o & Oblon, LLP	- 3. A E	e # f		
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7. **	Business Interests.  Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$10,000 in a business?	x YES	NO
	If yes, complete Schedule F		
8.	Payments for Representation and Other Services.		
8A.	Did you represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past 12 months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-1.)  If yes, complete Schedule G-1	YES	X NO
8B.	Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agency for which total compensation was received during the past 12 months in excess of \$1,000? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-2.)  If yes, complete Schedule G-2	x YES	NO
8C.	Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of \$1,000 was received during the past 12 months?  If yes, complete Schedule G-3	x YES	NO
9.	Real Estate.		
9A.	State Officers and Employees.  Do you or a member of your immediate family hold an interest, including a partnership interest, valued at \$10,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust.  If yes, complete Schedule H-1	☐ YES	x NO
9B.	Local Officers and Employees.  Do you or a member of your immediate family hold an interest, including a partnership interest, or option, easement, or land contract, valued at \$10,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust.  If yes, complete Schedule H-2	YES	x NO
10.	Real Estate Contracts with Governmental Agencies.  Do you or a member of your immediate family hold an interest valued at more than \$10,000 in real estate, including a corporate, partnership, or trust interest, option, casement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past 12 months, with a governmental agency? If the real estate contract provides for the leasing of the property to a governmental agency, do you or a member of your immediate family hold an interest in the real estate valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F, H-1, or H-2. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership exceeds three percent of the total equity of the business.  If yes, complete Schedule I	YES	x NO
	Statements of Economic Interests are open for public inspection.		
	SIGNATURE OF FILER	'4/14	,

Statement of Economic Interests

# **SCHEDULE A**

### OFFICES AND DIRECTORSHIPS

12 14			
OR POSITION HELD OR SOU	GHT:		
11	has af your immediate family is a naid officer or	anid director	
y each business of which you or a member of your immediate family is a paid officer or paid director.  NAME OF BUSINESS ADDRESS OF BUSINESS POSITION HELD			
NAME OF BUSINESS	ADDRESS OF BUSINESS	T OOTHON TIELE	
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Statement of Economic Interests

## **SCHEDULE B**

My personal debts are as follows:

Individual creditors:

(State principal business or occupation for each creditor.)

PERSONAL LIABILITIES

AT A N	m.	Michael	J C	N/L
NAN	/I H/:	Michae	: I C	IVIAV

1.

OFFICE OR POSITION HELD OR SOUGHT: PRTC Chair	Овитск (
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Report personal liability by checking each category. Report only debts in excess of \$10,000. Do not report debts to any government. Do not report loans secured by recorded liens on property at least equal in value to the loan. Report contingent liabilities below and indicate which debts are contingent.

CUEOU ADBRADBIATE CATECODIES.		CK ONE
CHECK APPROPRIATE CATEGORIES:	\$10,001 TO \$50,000	MORE THA \$50,000
nsurance companies  stock, commodity or other brokerage companies  other businesses:  (State principal business activity for each creditor.)  Individual creditors:  (State principal business or occupation for each creditor.)  personal debts of the members of my immediate family are as follows:  HECK APPROPRIATE CATEGORIES:  Stanks  avings institutions Other loan or finance companies — (Sallie Mae Student Loans) Insurance companies tock, commodity or other brokerage companies		
Other loan or finance companies		
Insurance companies		
Stock, commodity or other brokerage companies		
Other businesses:		<del>[ - 1</del>
(State principal business activity for each creditor.)		f
Individual creditors:	П	r <del>1</del>
(State principal business or occupation for each creditor.)	, <b>L</b>	
personal debts of the members of my immediate family are as follows:		
		CK ONE MORE THA
personal debts of the members of my immediate family are as follows:  CHECK APPROPRIATE CATEGORIES:	CHEC \$10,001 TO \$50,000	
	\$10,001 TO	MORE THA
CHECK APPROPRIATE CATEGORIES:	\$10,001 TO	MORE THA
CHECK APPROPRIATE CATEGORIES: Banks	\$10,001 TO	MORE THA
CHECK APPROPRIATE CATEGORIES:  Banks Savings institutions Other loan or finance companies — (Sallie Mae Student Loans) Insurance companies	\$10,001 TO \$50,000	MORE THA
CHECK APPROPRIATE CATEGORIES:  Banks Savings institutions Other loan or finance companies — (Sallie Mae Student Loans)	\$10,001 TO \$50,000	MORE THA
CHECK APPROPRIATE CATEGORIES:  Banks Savings institutions Other loan or finance companies — (Sallie Mae Student Loans) Insurance companies Stock, commodity or other brokerage companies Other businesses:	\$10,001 TO \$50,000	MORE THA
CHECK APPROPRIATE CATEGORIES:  Banks Savings institutions Other loan or finance companies — (Sallie Mae Student Loans) Insurance companies Stock, commodity or other brokerage companies Other businesses:	\$10,001 TO \$50,000	MORE THA
CHECK APPROPRIATE CATEGORIES:  Banks Savings institutions Other loan or finance companies — (Sallie Mae Student Loans) Insurance companies Stock, commodity or other brokerage companies Other businesses:	\$10,001 TO \$50,000	MORE THA

## **SCHEDULE C**

**SECURITIES** 

NAME: Michael C. May				
OFFICE OR POSITION HELD OR SOUGHT: PRTC Chairman				
"SECURITIES" INCLUDES stocks, bonds, mutual funds, limited partnerships, and commodity futures contracts.	"SECURITIES" EXCLUDES certificates of deposit, money market funds, annuity contracts, and insurance policies.			

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$10,000. Name each entity and type of security individually.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments. Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

If no reportable securities, CHECK HERE \_\_\_\_.

NAME OF ISSUER	TYPE OF ENTITY	TYPE OF SECURITY		CHECK ONE	
		(STOCK, BONDS, MUTUAL FUNDS, ETC.)	10,001 to 50,000	50,001 to 250,000	More than 250,000
Thrift Savings Fund – The G Fund	Investment	Unknown, various	_ x		
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# **SCHEDULE D**

### PAYMENT FOR TALKS, MEETINGS, AND PUBLICATIONS

NAME:		
OFFICE OR POSITION HELD OR SOUGHT:		
List each source from which you received during the past 12 (excluding meals or drinks coincident with a meeting) with coparticipation in one meeting, or publication of a work in your cap	ombined value exceeding \$200 for your pres	sentation of a single talk,
List payments or reimbursements by an advisory or governmenta	al agency only for meetings or travel outside the	he Commonwealth.
List a payment even if you donated it to charity.		
Do not list information about payment if you returned it within 6 Item 6 or from a source of income listed on Schedule F.	0 days or if you received it from an employer	already listed under
If no payment must be listed, CHECK HERE		

PAYER	APPROXIMATE VALUE	CIRCUMSTANCES	TYPE OF PAYMENT (E.G. HONORARIUM, TRAVEI REIMBURSEMENT, ETC.)
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## **SCHEDULE E**

**GIFTS** 

NAME:	Michael	[ C. M	[ay

#### OFFICE OR POSITION HELD OR SOUGHT: PRTC Chairman

List each business, governmental entity, or individual that, during the past 12 months, (i) furnished you with any gift or entertainment at a single event and the value received by you exceeded \$50 in value, or (ii) furnished you with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in exchange. List each such gift or event. Do not list entertainment events unless the average value per person attending the event exceeded \$50 in value. Do not list business entertainment related to your private profession or occupation. Do not list gifts or other things of value given by a relative or personal friend for reasons clearly unrelated to your public position. Do not list campaign contributions publicly reported as required by Chapter 9.3 (§ 24.2-900 et seq.) of Title 24.2 of the Code of Virginia.

NAME OF BUSINESS, ORGANIZATION, OR INDIVIDUAL	CITY OR COUNTY AND STATE	GIFT OR EVENT	APPROXIMATE VALUE
Guy Travers	Clifton, VA	Four Redskins tickets	\$396 plus tax
Potomac Nationals	Woodbridge, VA	Four baseball tickets	\$56 plus tax
Guy Travers	Clifton, VA	Overnight stay with Travers & family at their home at Lake Monticello, VA	\$160
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## **SCHEDULE F**

OFFICE OR POSITION HELD OR SOUGHT: PRTC Chairman

**BUSINESS INTERESTS** 

NAME: Michael C. May	

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, own an interest having a value in excess of \$10,000.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise, merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise give the address of each property. Account for business interests held in trust.

NAME OF BUSINESS, CORPORATION,	CITY OR COUNTY	NATURE OF ENTERPRISE	GI	ROSS INCO	ME
PARTNERSHIP, FARM; ADDRESS OF RENTAL PROPERTY	AND STATE	(FARMING, LAW, RENTAL PROPERTY, ETC.)	50,000 or less	50,001 to 250,000	More than 250,000
Amelia Woehlerman May, Attorney at Law, LLC	Woodbridge, VA	Law	x 		
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Statement of Economic Interests

## **SCHEDULE G-1**

### PAYMENTS FOR REPRESENTATION BY YOU

N.T. A. N. (FED.								
NAME:		*****						
OFFICE OR POSITIO	ON HELD OF	R SOUGHT:						
excluding any court or	judge, for whe	ich you received total such businesses and	efined as lobbying in § 2.2-4 compensation during the past representation consisting soled by you.	t 12 mon	ths in ex	cess of \$	1,000, ex	ccluding
	n name, of the	business if you are rec	he amount received by dollar of the law not to reveal the chedule.					
NAME OF BUSINESS	TYPE OF BUSINESS	PURPOSE OF REPRESENTATION	NAME OF AGENCY	\$1,001 To \$10,000	<b>AMO</b> \$10,001 To \$50,000	UNT RECI \$50,001 To \$100,000		\$250,00 And Over
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If you have received \$250,001 or more from a single business within the reporting period, indicate the amount received, rounded to the nearest \$10,000. Amount Received:\_\_\_\_\_\_.

### **SCHEDULE G-2**

#### PAYMENTS FOR REPRESENTATION BY ASSOCIATES

NAME: Michael C. May		

List the business(es) that have been represented, excluding activity defined as lobbying in § 2.2-419, before any state governmental agency, excluding any court or judge, by persons who are your partners, associates or others with whom you have a close financial association and who received total compensation in excess of \$1,000 for such representation during the past 12 months, excluding representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by your partners, associates or others with whom you have a close financial association.

Identify such business by type and also name the state governmental agencies before which such person appeared on behalf of such businesses.

Only STATE officers and employees should complete this Schedule.

OFFICE OR POSITION HELD OR SOUGHT: PRTC Chairman

TYPE OF BUSINESS	NAME OF STATE GOVERNMENTAL AGENCY
Retail	Virginia Department of Alcohol Beverage Control
Retail	Virginia Department of Alcohol Beverage Control

## **SCHEDULE G-3**

#### PAYMENTS FOR REPRESENTATION GENERALLY

NAME:	Michael	C.	May

#### OFFICE OR POSITION HELD OR SOUGHT: PRTC Chairman

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of \$1,000 was received during the past 12 months.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

	CHECK IF	TYPE OF			OF COMP		
BUSINESS CATEGORY	SERVICES WERE RENDERED	SERVICE RENDERED	\$1,001 TO \$10,000	\$10,001 TO \$50,000	\$50,001 TO \$100,000	\$100,001 TO \$250,000	\$250,001 AND OVER
Electric Utilities	х	Legal services			х		
Gas Utilities							
Telephone Utilities							
Water Utilities							
Cable Television Companies		A CONTRACTOR CONTRACTO					
Interstate Transportation Companies	Х	Legal services			x		
Intrastate Transportation Companies							
Oil or Gas Retail Companies							
Banks							
Savings Institutions							
Loan or Finance Companies	x	Legal services			x		
Manufacturing Companies (state type of product, e.g., textile, furniture, etc.)							
Mining Companies	х	Legal services	х				
Life Insurance Companies							
Casualty Insurance Companies							
Other Insurance Companies							
Retail Companies	х	Legal services				x	
Beer, Wine or Liquor Companies or Distributors	x	Legal services	x				
Trade Associations							
Professional Associations	х	Legal services	х				
Associations of Public Employees or Officials							
Counties, Cities or Towns							
Labor Organizations							
Other	x	Legal services					x

NAME:

# **SCHEDULE H-1**

REAL ESTATE—STATE OFFICERS AND EMPLOYEES ONLY

FFICE OR POSITION HELD OR SOUGHT:					
List real estate other than your principal residence in which you or a member of your immediate family holds an interest, including a partnership interest, option, easement, or land contract, valued at \$10,000 or more. Each parcel shall be listed individually.					
LIST EACH LOCATION (STATE, AND COUNTY OR CITY) WHERE YOU OWN REAL ESTATE.	DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.)	IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME.			
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# **SCHEDULE H-2**

REAL ESTATE—LOCAL OFFICERS AND EMPLOYEES ONLY

NAME:		
•		
OFFICE OR POSITION HELD OR SOUGHT:		

List real estate other than your principal residence in which you or a member of your immediate family holds an interest, including a partnership interest or option, easement, or land contract, valued at \$10,000 or more. Each parcel shall be listed individually. Also list the names of any co-owners of such property, if applicable.

LIST EACH LOCATION (STATE, AND COUNTY OR CITY) WHERE YOU OWN REAL ESTATE	DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.)	IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME.	LIST THE NAMES OF ANY CO-OWNERS, IF APPLICABLE
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# **SCHEDULE I**

### REAL ESTATE CONTRACTS WITH GOVERNMENT AGENCIES

NAME:
OFFICE OR POSITION HELD OR SOUGHT:
List all contracts, whether pending or completed within the past 12 months, with a governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at \$10,000 or more. List all contracts with a governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at \$1,000 or more. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.
State officers and employees report contracts with state agencies.
Local officers and employees report contracts with local agencies.
List your real estate interest and the person or entity including the type of entity, which is party to the contract. Describe any management role and the percentage ownership interest you or your immediate family member has in the real estate or entity.
List each state and the governmental agency which is party to the contract and indicate the county or city where the real estate is located.
State the annual income from the contract, and the amount, if any, of income you or any immediate family member derives annually from the ownership interest you contact.

### **ATTACHMENTS**