



DRAFT: Michigan Financial Disclosure Report

Preamble

Complete for the individual official or candidate, their spouse, or dependent child. If the individual, spouse, or dependent child is the beneficiary of a trust which holds and/or receives income, please complete this form as both the individual and the trust. Report information on assets held on the last day of the period covered. Attach separate sheets as necessary. See the bill/law if unclear about any of the terms employed in this form.

1. Statement Information

Type: New Amended

7/10/2018

Date Statement Filed: _____

Time Period Covered: From 01/01/2017 to 12/31/2017 (mm/dd/yyyy)

2. Filing Status

Annual Filer: Covering Jan. 1 to Dec. 31 of prior year; Due May 1

Newly Appointed/Employed: File for calendar year before start date; Due within 30 days of employment or May 1, whichever is later.

New Candidate: File for prior year before the candidate committee to elect filing; Due within 30 days of filing a committee to elect for candidacy to an office, or May 1, whichever is later.

3. Filer's Information

William J Sowerby

Filer's Name

Martha J Higgins

Spouse's Name

37860 Saddle Lane, Clinton Township, MI 48036

Mailing Address

Dependent Children's Name(s)

Beneficial Trust

State Representative - 31st District

Name of Public Office Held or Sought

4. Employment Income

List the name and address of every employer from whom you, or your spouse, or dependent child(ren) received employment income of \$5000 or more as an employee or contractor during the time period covered by this statement. If you earned income in a self-employed capacity, please note each activity for which you earned a self-employed income over \$5000.

State of Michigan	State Representative
<u>Filer Employer Name</u>	<u>Title/Position</u>
<u>Employer Address</u> 124 N Capitol Ave, Lansing, MI 48933	<u>Employer's Principal Activity</u> Government/State Legislature

<u>Filer Employer Name</u>	<u>Title/Position</u>
<u>Employer Address</u>	<u>Employer's Principal Activity</u>

Others (Spouse and Dependent Children)

Pathology Specialists of SE Michigan, P.C.	Pathologist/President
<u>Employer Name</u>	<u>Title/Position</u>
<u>Employer Address</u> 22101 Moross, Detroit, MI 48236	<u>Employer's Principal Activity</u> Pathology Services
<u>Person Who Received Income</u> Martha Higgins	

<u>Employer Name</u>	<u>Title/Position</u>
<u>Employer Address</u>	<u>Employer's Principal Activity</u>
<u>Person Who Received Income</u>	

5. Direct Ownership Interests in Business Entities

Excluding publicly traded corporations, list each business doing business in Michigan in which you, your spouse, or dependent child(ren), hold a direct ownership interest worth at least \$10,000.

<u>Business Name</u>	<u>Business Name</u>
<u>Principal Activity of Business</u>	<u>Principal Activity of Business</u>
<u>Person Involved</u>	<u>Person Involved</u>

6. Non-Employment Income

Other than entities reported in Section 5, list any other source from which you, your spouse, or dependent child(ren) received \$5,000 in income as defined by the federal internal revenue code during the time covered by this statement. Gifts or inheritance from family members need not be reported. If you are receiving payments from a pension, name the entity involved.

<u>Source of Income</u>	<u>Source of Income</u>	<u>Source of Income</u>
<u>Person Who Received Income</u>	<u>Person Who Received Income</u>	<u>Person Who Received Income</u>
_____	_____	_____

7. Stocks, Bonds and Other Investment Holdings

Excluding assets listed above, list the name of any investment held by the filer, spouse, and dependent child(ren) that has a net fair market value of more than \$10,000. Include loans to any business entities and publicly traded stocks (stock symbol allowable). Include any pensions in which the individual is fully vested or any retirement fund. Individual stocks and bonds that are held in mutual or index funds do not need to be listed individually. Exclude any loans to family members.

Vanguard Mutual Funds
<u>Financial Instrument</u>

Retirement Fund
<u>Investment Type</u>

Martha Higgins
<u>Person Involved</u>

John Hancock Mutual Funds
<u>Financial Instrument</u>

Retirement Fund
<u>Investment Type</u>

William Sowerby
<u>Person Involved</u>

Vanguard Mutual Funds
<u>Financial Instrument</u>

Retirement Fund
<u>Investment Type</u>

William Sowerby
<u>Person Involved</u>

Voya State of Michigan 401(k)
<u>Financial Instrument</u>

Retirement Fund
<u>Investment Type</u>

William Sowerby
<u>Person Involved</u>

<u>Financial Instrument</u>

<u>Investment Type</u>

<u>Person Involved</u>

<u>Financial Instrument</u>

<u>Investment Type</u>

<u>Person Involved</u>

8. Real Property

Excluding personal residences, list any residential, commercial, industrial or agricultural real property owned by you, your spouse, or dependent child(ren), located in Michigan, having an assessed value of \$50,000 or more during the time covered by the statement.

<u>Location (Street Name & City Only)</u> <u>Wayne Street, Traverse City, MI</u>	<u>Use of Property</u>
<u>Type of Property</u> <u>Vacation Home</u>	<u>Person/People Owning the Property</u>
<u>Location (Street Name & City Only)</u>	<u>Use of Property</u>
<u>Type of Property</u>	<u>Person/People Owning the Property</u>

9. Paid Corporate and Non-Profit Board Positions

List the name and address of each business entity, non-profit organization, labor organization, or other institution for which you, your spouse, or dependent child(ren) served in the capacity of a director, officer, or other fiduciary position and received compensation over \$1000 during the time period covered by this statement. Do not include positions held in religious, social, or political entities.

<u>Corporation/Non-Profit/Organization Name</u>	<u>Title</u>
<u>Person Serving in this Capacity</u>	<u>Principal activity of each business or non-profit entity</u>

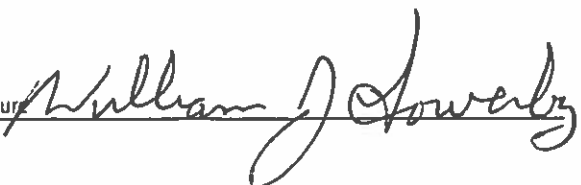
10. Relatives Employed as Lobbyists

List any spouse, parent, child(ren) and child(ren)'s spouse who were employed, during the time period covered by this who were registered lobbyists.

<u>Relative Name</u>	<u>Relative Name</u>	<u>Relative Name</u>
<u>Relationship to Filer</u>	<u>Relationship to Filer</u>	<u>Relationship to Filer</u>
<u>Position/Title</u>	<u>Position/Title</u>	<u>Position/Title</u>

11. Signature

- I affirm and attest under penalty of perjury that information and facts in this report, are complete, true and accurate.
- I affirm and attest under penalty of perjury that information and facts in this report, are complete, true and accurate that my spouse has refused or failed to provide information concerning his or her financial interest and that I have no working knowledge of such interests.

Filer's Signature  Date 7-12-18