

UNITED STATES HOUSE OF REPRESENTATIVES

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: FINANCIAL DISCLOSURE STATEMENT FILER STATUS Timothy Burchett X U.S. House of Representatives New Officer or Employee Candidates - Date of Election: Employing Office: New Member of or Candidate for District: 2 State: TN Shared Staff Filer Type (If Applicable): Daytime Telephone: (865) 801-3137 Principal Assistant Period Covered: January 1, 2017 to May 15, 2017

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

THIS FORM INCLUDES ONLY THE SO	ATTACH THE CORRESPO	D. Did you, your spouse, or your dependent child have any reportable Yes No Xiability (more than \$10,000) at any point 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 Yes X No reporting period?	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. Receive more than \$200 in uneamed income from any reportable asset during the reporting period? A. Did you, your spouse, or your dependent child: Yes No Left the end of the reporting period?
CHEDULES	ONDING SC	X	*	No .
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	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?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
		Yes X No	Yes No	Yes No X

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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 that benefits you, your spouse, or dependent child?	1 2 3 3 3	₹
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, 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.	₹	

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Use additional sheets if more space is required.

SCHEDULE F - AGREEMENTS

	Name: TIMOTHY BURCHETT	
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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
NOV. 1994	NOV. 1994 TIMOTHY BURCHETT & STATE OF TENNESSEE	CONTINUED PARTICIPATION IN PENSION PLAN
:		

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services