

HAND  
DELIVERED

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UNITED STATES HOUSE OF REPRESENTATIVES  
2014 FINANCIAL DISCLOSURE STATEMENT

Form A  
For Use by Members, Officers, and Employees

LEGISLATIVE RESOURCE CENTER  
2015 AUG 12 AM 11:14

Name: MARSHY WEBB WORTH BLANCHARD Daytime Telephone: \_\_\_\_\_

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>TN</u> District: <u>07</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
REPORT TYPE	<input checked="" type="checkbox"/> 2014 Annual (Due: May 15, 2015)	<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? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 the report details of such a trust that benefits you, your spouse, or your dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name: MARSHA WEDGEWORTH BLACKBURN

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset													BLOCK C Type of Income						BLOCK D Amount of Income												BLOCK E Transaction																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
		A	B	C	D	E	F	G	H	I	J	K	L	M	None	Dividend	Rent	Interest	Capital Gains	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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SCHEDULE B - TRANSACTIONS

Name MARSHA WEDGEWORTH BLACKBURN

SP, DC, JT	Asset	Type of Transaction			Check Box if Capital Gains Exceeded \$250	Date	Amount of Transaction										
		PURCHASE	SALE	EXCHANGE			A	B	C	D	E	F	G	H	I	J	K
							\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000 (Repease DC Asset)
	Goldman Sachs Large Cap Value Portfolio	x		x		2/10/2014	x										
	Loomis Large Cap Growth	x				2/10/2014	x										
	Federated Aggressive Growth	x				2/10/2014	x										
	Small Cap Value	x		x		2/10/2014	x										
	Newberger Berman Mid Cap Growth	x				2/10/2014	x										
	MFS Global Equity Fund	x				2/10/2014	x										
	Goldman Sachs High Yield	x		x		2/10/2014	x										
	Pimco Total Return Bond	x		x		2/10/2014	x										
	Guaranteed Return Options (GRO) Plus	x		x		2/10/2014		x									
SP	Guaranteed Return Options (GRO) Plus	x				2/10/2014			x								
SP	AST Money Market	x				2/10/2014	x										
SP	Balanced Asset Allocation Diversified Income	x				2/10/2014			x								
	Balanced Asset Allocation Diversified Income	x				2/10/2014			x								
	Down Yonder, LLC (1/3 Interest)	x				2/24/2014				x							

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# **SCHEDULE D - LIABILITIES**

Name: MARVIN ADEGBELAWOYE BARTSUD

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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. **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, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
Example	First Bank of Wilmington, DE	5/08	Mortgage on Rental Property, Dover, DE				X							
SP	WELLS FARGO	12/10	MORTGAGE ON RESIDENCE											
			BARTWOOD, TN					X						
SP	CAPITAL BANK	2/08	MORTGAGE ON RESIDENCE											
	BARTWOOD, TN		BARTWOOD, TN			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
MEMBER	DAVIN POWDER LLC

NAME: MARIYA WOODWORTH BLACKBURN

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[illegible]

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 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, 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 \$375 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

[illegible]

**Use additional sheets if more space is required.**

Name: M48549 WEDGELIDARTY BAYKOWA

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**EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

[illegible]