PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	NLY THE SCHEDULE	THIS FORM INCLUDES OF
	CHEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU AN	ATTACH THE
Yes No	J. Did you receive compansation of more than \$5,000 from a single source in the current year and two prior years?	Yes No	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 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 fling?	Yes No	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 No V	E. Did you hold any reportable positions during the reporting Pes period or in the current calendar year up through the date of filing?	Y68 No	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 unsarned income from any reportable asset during the reporting period?

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

ndent child because they meet all three tests for Yes No	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.
sts" need not be disclosed. Have you excluded Yes No 1	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not b from this report details of such a trust that benefits you, your spouse, or dependent child?

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Timothy Buche tt

Page 2 of 6

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			(2	3	*	1			П	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (CC), or jointly hald with snyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	nomes and vacation homes (unless there was rental recome during the reporting period); and any finencel interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership itterest in a privately-hadd business that is, not publicly traded, state the name of the business, the nations of its activities, and its geographic location in Block A.	For rental and other real properly held for investment provide a complete address or description, e.g. *natal property," and a city and state.	all interest-bearing accounts. If the lotal is over \$5,000, list every floanciel institution where there is more than \$1,000 in litterest-bearing accounts.	For bank and other cash accounts, total the amount in	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Hroyade complete names of socks and mutual runds (do not use only licker symbols).	ncome during the year.	exceeding \$1,000 at the end of the reporting period, and (b) any other reportable saset or source of income which generated more than \$200 in "unearned"	Identify (a) each asset held production of income and with	Assets and/or income Sources	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 3 of 6

SCHEDULE C - EARNED INCOME

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	Page 4 of C	

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 both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff, INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

				Northwestern Mutual	National Financial Services	Knox County	L	ABC Trade Association, Baltimore, MD (July 15) Examples: State of Maryland	Source (include date of receipt for honoraria)
				IRA	TRA	Salary	Spouse Speech Spouse Salary	Honorarium Salary	Туре
	·			358	1,175	125 000	\$0 WA	\$0 \$20,000	Am Current Year to Filing
				696	/ /75	167,000	\$1,000 N/A	\$500 \$76,000	Amount Preceding Year

SCHEDULE D - LIABILITIES

Name: Time the four the the highest amount owed during the reporting line period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting line.

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. New 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		
			Ехвтрке			
		None	First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		County mo yes	Position
		knot county cover a ment	Name of Organization

SCHEDULE F - AGREEMENTS

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			Date	Identify the continuation employer.	
		None	Parties to Agreement	date, parties to, and general terms of any agreement or arrangement that you he or deferral of payments by a former or current employer other than the U.S. go	
			Terms of Agreement	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.	Nallie.

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.

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