UNITED STATES HOUSE OF REPRESENTATIVES E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (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 B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: MARSHA WEDSEWARTH BLACKBURIDaytime Telephone: スペーナンケーン名// 2015 FINANCIAL DISCLOSURE STATEMENT **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. **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. reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction 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? IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS REPORT TYPE FILER STATUS b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? end of the reporting period? or X 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for District: State: TA ¥e**s** Yes ž E ž × ** ** 0 X × Amendment 몽 Z 중 ₹ 몽 For Use by Members, Officers, and Employees 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? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" H. Did you, your spouse, or your dependent child receive any year up through the date of filing? reporting period? Did any individual or organization make a donation to charily in tieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? Form A Employee Officer or Employing Office: Termination Date of Termination: U.S. HUBSE OF REPRESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESCURCE CHAIS 2016 AUGIFICE UNMODAYD2 HAND DELIVERED 1 of 8 Yes Yes Yes ¥es ₹99 Yes ş <u>×</u> ₹ × 몽 <u>z</u> ĕ Š Ş

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Down Yonger LLC, Nashville, IN real estate (1/3 interest)		IRA - Principal Annuity - Balanced Asset Allocation Diversified Inc		IRA - Principal Annuity - Balanced Asset Allocation Diversified inc		100% ownership	Strategic Sales Tactics, Inc consultants - Brentwood, TN		Schroeders Global Multi-Asset Portfolio	MetLife Balanced Plus Portfolio	JP Morgan Active Allocation Portfolio	Invesco Balanced Risk Allocation Formula	Blackrock Global Tactical Strategies Porfolio	Bernstein Global Dynamic Allocation Portfolio	MetLife IRA as follows:		Capital Bank accounts		New Perspective Fund	Investment Company of America	American Balanced Fund	American Funds IRA as follows:		Synergy Bank Stock, Franklin, TN		Capital Bank, Nashville, TN accounts			Asset and/or income Source	BLOCK A
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SCHEDULE B - TRANSACTIONS

Name: BLACKSUM Page 3 of

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	Type of Transaction	neaction		Date		ĺ	ļ	A	Amount of	Traf	Transaction	١			
reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income, include transactions that resulted in a contraction of the production of income.							, 	-			9		-	-	•
Exclude transactions between you, your spause, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partiel sale" as the type of transaction.			pitad Gain	(MO/DAYR) or Quarterly,										10	et)
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	<u>} </u>	ed Sele	ck Box if Ca seded \$200	wongsy, or sy- weekly, if applicable	01- 098	001- 900	801- 1,000	1,001- 1,000),081-),080	1,001- 00,000	00,001- 90,000	00,001- 000,000	000,001- 000,000	\$50,000,0	\$1,000,000 usta/DC Ass
 Column K is for assets solely held by your spouse or dependent child. 	Purc		Cher Exce		\$1.0 \$15,	\$15,0 \$50,0	\$50,5 \$180	\$100 \$250	\$250 \$500	\$500 \$1.00	\$1,00 \$5,00	\$5,00 \$25,0	\$25,0 \$50,0	Over	Cwer (Spo
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SCHEDULE C - EARNED INCOME

NAME: BURECUORTH	
Page Y of 8	

NIA	Commission / Mismu	CHARLES BURYBURN SALES CONSULTANT, BREXTURE, PU
NA	CANSULTING INCOM	STRATEGIC SALES TACTICS, BRENTWOOD, TN
915/A	SALLY SISAT	STATE & TENNESSEE
31,000 N/A	Spouse Salary	Ontario County Board of Education
\$18,000	Legislative Pension	Examples: State of Manyland
Amount	Туре	Source (include date of receipt for honoraria)
was \$27,225. In addition, certain	Social Security Act. Secial Security Act. resated at or above the "senior staff" rate totally prohibited.	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
reporting period. For a spouse, list	nment) totaling \$200 or more during the release	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 a spouse, list the source and amount of any honorarie. His poly the source for other source parties become account to any honorarie. His poly the source for other source parties in the source account to any honorarie. His poly the source for other source parties in the source for other source parties in the source for other source for other source for other source account to the source for other source for ot

SCHEDULE D - LIABILITIES

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	W->		MOOTH	

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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 sacured 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.

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(CAR			were	Example		
	CAPITAL BANK			weits FAR60	First Bank of Wilmington, DE	Creditor	•
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4	MORTGAGE ON	<i>TW</i>	RELIDENCE BREATHINGS	MONTEGEE ON	Morigage on Rental Property, Dover, DE	Type of Liability	•
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	2.20	_	10-77			Over \$50,000,000 _	
. "		1.				Over \$1,900,000* (Spouse/DC Liability)	

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 partners and companies) and positions social fraternal or political entities (such as political partners and companies) and positions social fraternal or political entities (such as political partners and companies) and positions social fraternal or political entities (such as political partners).

Position	Position Position Name of Organization
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SCHEDULE D - LIABILITIES

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BLACKBURN	CHOCK CRTY

Page 6 of 8

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.	Date Sp. Creditor Liability Sp. Incurred	Date Liability	Type of Liability		>	>	>	B C	B C	B C	Amount of Liab	Amount of Liability	Amount of Liability A B C D E F G H 1
녹· [*]	Creditor	Liability Incurred MO/YR	Type of Liability		\$10,001- \$15,000 \$15,001-	\$15,001- \$50,000 \$50,001-	\$15,001- \$50,000 \$50,001- \$100,001-	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	\$15,001- \$50,000 \$50,001- \$100,000 \$250,000	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000	\$15,001- \$50,000 \$50,001- \$100,001- \$250,000 \$250,001- \$500,000 \$1,000,000	\$15,001- \$50,000 \$50,001- \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,000 \$5,000,000	\$15,001- \$50,000 \$50,000 \$100,000 \$100,001- \$250,000 \$250,000 \$500,001- \$1,000,000 \$5,000,000 \$5,000,000 \$5,000,000
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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

Position	Position Name of Organization

SCHEDULE F - AGREEMENTS

Name:	MARSHA
BLACKBURN	MEDGLOGIA
Page of B	7

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
12-02	12-02 frame of TENMESSEE	LEBISCATIVE PENSION
	•	

SCHEDULE G - GIFTS

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.

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Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal intendship received from the Ethics Committee)	\$400
MIA		
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

A. T	Name:	シイタン
l	1	SHA CHENTHARTH

Page 8 of 8

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

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 Decoration's 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