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UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	LEGISLATIVE RESOURCE CENTY 2015 AND
Name: MASHA WEDSEWORTH BLACKURY Da	Scacelus. Daytime Telephone:	CFFICE OF THE CLOCK OF REPRESENTATIVES
State: 7	Officer or Employing Office:	(Office Use Only)
Member of or Candidate for State: U.S. House of Representatives District:	Φ.	
REPORT 2014 Annual (Due: May 15, 2015)	Amendment Termination Date of Termination:	ination:
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? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	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 filing?	arrangement with an Yes X No
ident child purchase, sell, or eal estate in a transaction Yes period?	No 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?	hild receive any Yes No X
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?	No H. Did you, your spouse, or reportable travel or reimbur \$375 in value from a single	hild receive any totaling more than Yes
D. Did you, your spouse, or your dependent child have any reportable Yes Mability (more than \$10,000) at any point during the reporting period?	No L. Did any individual or organization make a donation to charity in lieu of paying you for a speach, appearance, or article during the reporting period?	onation to charity in Yes No X
E. Did you hold any reportable positions during the reporting period or in Yes Yes	E CORA	ESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR	OR TRUST INFORMATION - ANSWER EACH OF	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 answer the Committee on Ethics for further guidance.		ed "yes" to this question, please contact Yes 🔲 No 🔯
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not this report details of such a trust that benefits you, your spouse, or your dependent child?	s and certain other "excepted trusts" need not	be disclosed. Have you excluded from Yes . No X
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	littes of a spouse or your	dependent child because they meet all Yes No 📉

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BLACKBURN
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2.3	BLOCK A Asset and/or income Source	<u> </u>	0	9	BLOCK B Year-End Value of Asset		F G H					*	<u>-</u>			∞ ≅			- E					BLOCK C Type of Income		BLOCK C	Type of Income	BLOCK C Type of income 1 II III	BLOCK C Type of income 1 II III IV	BLOCK C Type of income 1 II III IV	BLOCK C Type of Income 1 II III IV	BLOCK C Type of Income 1 II III IV	BLOCK C Type of Income 1 II III IV	BLOCK C Type of Income I II III IV V VI VI VII VIII VIII VII	BLOCK C Amou	BLOCK C Type of Income I II III IV V VI VII VIII VIII VIII V	BLOCK C Type of Income I II III IV V VI VI VII VII IX X Amount of income	Type of Income I II III IV V V VI VII VIII IX X XI
9		None \$1-\$1,000	\$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		Spouse/DC Asset over \$1,000	None	Dividend		Dani	Rent	Rent Interest		Interest	Interest	Interest Capital Gains Other Type of Income	Interest Capital Gains Other Type of Income (Specify)	Interest Capital Gains Other Type of Income (Specify) None \$1-\$200	Interest Capital Gains Other Type of Income (Specify) None \$1-\$200 \$201-\$1,000	Interest Capital Gains Other Type of Income (Specify) None \$1-\$200	Interest Capital Gains Other Type of Income (Specify) None \$1-\$200 \$201-\$1,000	Interest Capital Gains Other Type of Income (Specify) None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500	Interest Capital Gains Other Type of Income (Specify) None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$6,000 \$5,001-\$15,000	Interest Capital Gains Other Type of Income (Specify) None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000	Interest Capital Gains Other Type of Income (Specify) None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$6,000 \$5,001-\$15,000	Interest Capital Gains Other Type of Income (Specify) None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000	Interest Capital Gains Other Type of Income (Specify) None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$60,000	Interest Capital Gains Cther Type of Income (Specify) None \$1-8200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$6,000 \$5,001-\$15,000 \$15,001-\$100,000 \$100,001-\$1,000,000	Interest Capital Gains Other Type of Income (Specify) None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$10,000 \$100,001-\$1,000,000
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	Guaranteed Return Options (GRO) Plus	×	H	Ħ	П	H	╁	Н	Н	Щ			H	Н	Ц		: I	H				×	×	x Tax-deferred				Tax-deferred		Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred
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	Capital Bank, Nashville, TN accounts	+	T	×	T	+	╈	+	+	┶		Τ	+	+-	╄-				╀		×	×	×	×	×		×											
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6 8	Invesco Balanced Risk Allocation Formula	+	+	;	T	†	+	╁	+	╀-		Т	+	+	┸		\top		+	1	+	<u> </u>			Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred	Tax-deferred
ş	MetLife Balanced Plus Portfolio	\dashv	×	١,	Ħ	1	+	\dashv	4	Ц			\dashv	\dashv	Ц		\neg		\dashv				× 2	×	×													
Ş	Schroeders Global Multi-Asset Portfolio	\perp	T	×	\dagger	\top	╅	+	╀	Ш		П	${\sf H}$	₩	╙		П		+				×	×														
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	Down Yonder LLC, Nashville, TN real estate (1/3 interest) LCC formed in January, 2014	\dashv	+	+1	++	┪	++	╅	+4			\top	╫	\dashv	Щ		\dashv	1 1	11	×	×	×	×	×	×	×	×	×	*	×	×	×	×	×	×	×	×	×
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Name MARSHA WEDGEWORTH BLACKBURN

	Asset					ľ	Г			Am	ount	of T	rans	acti	on		
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		Tra	nsac	tion	8				1		ļ]				
SP,					ital Gein Exceeded (Date	8	000	000'0	90,000	00,000	000'000'	15,000,000	125,000,000	\$25,000,001-\$50,000,000	00000	Over \$1,000,000 (appearance
DC, JT		PURCHASE	SALE	EXCHANGE	Check Box # Cap	,	\$1,001-\$15,000	\$16,001-\$60,000	\$50,001-\$100,00\$	\$100,001-\$250,000	\$250,001-\$500,000	\$500,000,1\$-100,008	\$1,000,001-\$5,000,000	\$6,000,001-\$28,000,000	\$25,000,001	Over \$50,000,000	Over \$1,000
			_										<u> </u>	L	<u> </u>		
	Goldman Sachs Large Cap Value Portfolio		×	<u> </u>	X	2/10/2014	X			<u> </u>	Щ		_		<u> </u>		<u> </u>
	Loomis Large Cap Growth		×			2/10/2014	x				Ш				L_	L.,	
	Federated Aggressive Growth		x			2/10/2014	X						L	L .			
	Small Cap Value		x		х	2/10/2014	X							L.,			
	Newberger Berman Mid Cap Growth		x			2/10/2014	×										
	MFS Global Equity Fund		x			2/10/2014	х										
	Goldman Sachs High Yield		×		×	2/10/2014	х										
	Pimco Total Return Bond		×		×	2/10/2014	х										Ľ.
	Guaranteed Return Options (GRO) Plus		x		х	2/10/2014		X								Ш	<u> </u>
SP	Guaranteed Return Options (GRO) Plus		×			2/10/2014			x							\vdash	
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						- 4 4											
SP	Balanced Asset Allocation Diversified Income	×				2/10/2014	\vdash		X						H		
	Balanced Asset Allocation Diversified Income	x				2/10/2014			х								
			<u> </u>										Ш		Щ	Щ	
	Down Yonder, LLC (1/3 interest)	X	L	l		2/24/2014				X							i

SCHEDULE C - EARNED INCOME

Name:	MARSHA WED CAMBOLTH BLACK SHOWN
	BLACKSURN
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List the source, type, and amount of earned income from any source (other then 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 honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. 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 2014 limit on outside earned income for Members and employees compensated at or above types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	nested at or above the "senior staff" rate totally prohibited.	at or above the "senior staff" rate was \$26,955. In addition, certain prohibited.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Chi live and the control of Example (Oct. 2) Order of County Based of Example (Oct. 2)	Spouse Speech	\$1,000
	TROSTONINE	
STATE OF TENWASIEE	morthese	0164
. 1	Spouse	
STRATEGIC JALLS JACTICS GREATURDO TENNESSEE	consuming income	NIN
CHARLES C. BLACKBURY SALES CONSULTANT	course these	411
	,	

SCHEDULE D - LIABILITIES

Name:	+10 0411
	HIDDINES CONTRACTOR
Was and	BIRTAIN

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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 spause, 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, perent, 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.

		B.		B B D	• • • • • • • • • • • • • • • • • • •	Amount of Liab
Type of Liability	ie.	15,001- 50,000	15,001- 50,000	0.001- 0.000	5,001- 0,000	15,001- 50,000
	•	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9				0 T

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, pertner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, 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 entitles (suc	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	paul volvez LLC

SCHEDULE F - AGREEMENTS

MARCHA WEDSELLORTH BURCHBURN P.

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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 banefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
12-02	12-02 Spare of TexINESSEE	LEGISLATIVE 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 meets, 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.

Source	Description	Value
Exemple: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
NIA		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

NAME:	
WEDSELWATA	
BUNCHOURS	
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identify the source and list travel itinerary, dates, and nature of expenses provided for 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 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.

	Source	Dete(s)	City of Departure Destination City of Return	Lodging? (Y7N)	Foed? (YA)	Family Member Included? (YRI)
7	Government of China (MECEA)	11-9-tiny	DC-Bulling, Chim - DC	Υ	٧	×
Exemples	Habled for Humanity (charity functioner)	Mar.3-4	DC-Boaton-DC	Y	Y	٧
cur	CLUB FOR GROWTH	1/8-34/2	DC -PALLABOACH FG-DC	٧	7	N
Miles	INTERNATIONAL ISRAEL ALLIES			•	•	
	CANCUS FOUNDATION	279-572	579-5/15 DE-TEC-HILL, WENEY-DE	7	7	×
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