UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	<b>FORM B</b> For New Members, Candidates, and	FORM B Candidates, and New Employees	LINGLATIVE PESSIONS OF
Name: CHRISTOPHER BATSCHE	Daytime Telephone:	one:	2016 MAY 20 AM 11: 05
FILER  New Member of Candidate for State: ///  U.S. House of Representatives District: 7  Candidates – Date of Election: 08/02//b		Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:		Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	F THESE QUEST	rions	
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? OI  b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes No
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No C	F. Do 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 No No
D. Did you, your spouse, or your dependent child have any reportable     Yes liability (more than \$10,000) at any point during the reporting period?	s ×	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU	RESPONDING SCH	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	σ, σ
TRUSTS - Details regarding "Ougliffed Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from	on Ethics and certain other		]
this report details of such a trust that benefits you, your spouse, or dependent child?	ď?		Tes Too
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a sitee on Ethics.	pouse or dependent child because they meet all three tests for	all three tests for Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: CHAISTOPHER BATSCHE

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						Ď		For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	
					.	Examples:		\$1,000 is and other st-bearing the every \$1,000 is and other examples of the public of the name of the program is a private of the program is a private of the name of the nam	Assets and/or Income Sources  Assets and/or Income Sources  fly (a) each asset held for investment fuction of income and with a fair market va eding \$1,000 at the end of the reporting per (b) any other reportable asset or source for which generated more than \$200 amed income during the year.  de complete names of stocks and mutual fur of use only ticker symbols).  all IRAs and other retirement plans (such coount that exceeds the reporting thresholds.
		•			_		<b>3</b>	other cash accounts, total the saring accounts. If the to very financial institution whe (000 in interest-bearing account to ther real property held for implete address or describy," and a city and state.  ship interest in a privately-he unbidly traded, state the name nature of its activities cation in Block A.  If personal residence, including the reporting period; and or income derived from, agram, including the Thrift Sarind, please check the "EIF" bose, you may indicate that is a und, please check the "EIF" bose, you may indicate that is a lid (DC), or jointly held with a rociumn on the far left.	etcork a saset held for investment or of income and with a fair market value \$1,000 at the end of the reporting period, ry offer reportable asset or source of which generated more than \$200 in income during the year.  Income during the year.  As and other retirement plans (such as provide the value for each asset held in that exceeds the reporting thresholds.
		•			IBC Hedge Fund	Simon & Schuster	Mega Corp Stock	cash accounts, total the amour accounts. If the total is c innancial institution where then i interest-bearing accounts.  It real property held for investme the address or description, et a city and state. Interest in a privately-held busin raded, state the name of ture of its activities, and in Block A.  Sonal residence, including second residence, including period; and any financome derived from, a fed including the Thrift Savings Play-traded fund that is an Exceptease check the "EIF" box. You may indicate that an assential that an assential the property of the country indicate that an assential that an an assential that an an assential that an assential that an an assential that an as	Wor Income Sources  Wor Income Sources  asset held for investment be and with a fair market ve the end of the reporting pen reportable asset or source nerated more than \$200  furing the year.  armes of stocks and mutual fu- ar symbols).  wither retirement plans (such eds the reporting thresholds.
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					Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income  Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the fixe-beferred column. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.
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Use additional sheets if more space is required.

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7	SCHEDULE A - ASSETS & "UNEARNED INCOME"

)		Name: CHAIST	INISTOPHER BATSCHE	Page 3 of 7
BLOCK A	ВLОСК В	вгоск с	BLOCK D	
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	ome
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## SCHEDULE C - EARNED INCOME

Name: CHRISTORMER EATSCHE
Page_ 4_ of _ 7

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. 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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff

	•	Am	Amount
<b>Source</b> (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Cot. 2)	Spouse Speech	\$0	\$1,000
L	Spouse Salary	NA	N/A
CBC Coasnama	SALVAY	\$5,200	\$14,952
WALMART, INC	Sporse Salary	\$5,838	#28,480

#### SCHEDULE D - LIABILITIES

Name: LHRISTOPHER SATSCHE

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. 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. (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

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Creditor Creditor Incurred MO/YR MO/YR S10,001-\$15,001-\$250,000 \$100,000-\$1,000,000 \$500,001-\$1,000,000	\$10,001- \$15,000 \$15,000 \$50,001- \$100,000 \$100,000 \$250,000	\$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* (Spouse/DC Liability)
Example First Bank of Wilmington, DE 5/98 Mortgage on Rental Property, Dover, DE	を		
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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, fraternal, 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.

-			_	-
			Position	the current carendar year. First-year candidates and new e
			Name of Organization	the current calendar year. First-year candidates and new employees report positions need in the current calendar year and two previous years.

### SCHEDULE F - AGREEMENTS

erms of any agreement or arrangement that you have with re	N	
erms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of g	Name: CHRISTONER BATSCHE	
of government service;	Page_6_ of7	

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

# 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.

9	
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: CHRSTOPHER BASCHE

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#### **CAMPAIGN NOTICE**

#### REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

Indicate	Your	Status
(Select C	One)	

Dear Madam Clerk:

风	Over \$5,000 Threshold Not
	Exceeded

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal of Candidacy	This is to notify you that under the laws of the state of		
·	[Note: If your Financial Disclosure Statement was due <b>before</b> the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]		

Name (Please Print or Type):	MICHAEL BATSCHE		
State: MISSOURI	District:	7	
Date: 05/12/16			

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:

The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601