UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and	FORM B andidates, and New Employees	MAY 05 20 ge 1 of 5
Name: Torn Leather wood	Daytime Telephone:	9:	2016 MAY 13 PM 1: 42 //
New Member of or Candidate for State: New Member of State: New		Check if Amendment	U.S. HUUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee  Employing Office:		Period Covered: January 1, <u>2015</u> to <u>3/3//2016</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF	F THESE QUESTIONS	SNS	
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 E. C	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 X No No
C. Did you or your spouse have "earmed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No An Cale	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes X 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?	No J. D	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 ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU AR	DULE IF YOU ANSWER "YES"	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	INFORMATION -	ANSWER <u>BOTH</u> OF THESE	E QUESTIONS
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 your dependent child?	on Ethics and certain other "e: t child?	xcepted trusts" need not be disclosed. Ha	ave you excluded from Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "uneamed" income, transactions, 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.	ncome, transactions, or liability Committee on Ethics.	ties of a spouse or dependent child becau	use they meet all three Yes No 📈

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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For an ownership interest in a privately-held busines that is not publicly traded, state the name of the name of its activities, and For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset hele account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is ove (do not use only ticker symbols). nore than \$1,000 in interest-bearing accounts peographic location in Block A. or rental and other real property held for investmen you so choose, you may indicate that an asset come source is that of your spouse (SP) rovide complete names of stocks and mutual fund ineamed" income during the year xceeding \$1,000 at the end of the reporting period nd (b) any other reportable asset or source o the optional column on the far left. you have a privately-traded fund that is an Except xclude: Your personal residence, including secon tirement program, including the Thrift Savings Plan estment Fund, please check the "EIF" box Assets and/or Income Sources rements, Orion Cr. Ma. FirstTennessee St & TW. Retirement Scott Trade IRA cas Prydential 4576 cash and vacation homes (unless there was rent admining the reporting period); and any financiation, or income derived from, a feder property," and a city and state. list every financial institution where (a) each asset held purce is that of your spouse (SP tohild (DC), or jointly held with anyone complete tailed discussion of Schedule please refer to the instruction booklet Simon & Schuster ABC Hedge Fund Mega Corp Stock BLOCK A and with a fair market value Hects for investment Hects description, \$200 mere 9.9 3 쁚 × please specify the method used. None If an asset was sold during the reporting period included only because it generated income, the Indicate value of asset at close of the reporting child in which you have no interest \*Column M is for assets held by your spouse or depende \$1-\$1,000 ₿ Technol of \$1,001-\$15,000 c \$15,001-\$50-000 o × \$50,001-\$100,000 m Value of Asset 711 \$100,001-\$250,000 BLOCK B \$250,001-\$500,000 6 \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 market \$25,000,001-\$50,000,000 \_ 듕 period. Over \$50,000,000 and value Spouse/DC Asset over \$1,000,000 Z the "Tax-Deferre Interest, and Check all columns that apply. NONE K), IRA, 529 accounts), you may check "Tax-Deferred" column. Dividends. DIVIDENDS × during the reporting period RENT Type of Income  $\prec \succ$ INTEREST BLOCK C CAPITAL GAINS **EXCEPTED/BLIND TRUST** income ed as Incom  $\times \times$ TAX-DEFERRED For accou 9V9M Partnersnij Royalties (such Other Type of Income (Specify: e.g., Partnership Income or Farm Income) βī \*Column XII is for assets held by your spouse or dependent child in which you have no interest For assets for which None × \$1-\$200 capital assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column, assets indicate the category of income by checking the appropriate box below. Dividends, it capital gains, even if reinvested, must be disclosed as income for assets held in units. Check "None" if no income was samed or generated. = \$201-\$1,000 ₹ \$1,001-\$2,500 Current Year < \$2,501-\$5,000 ⊻ \$5,001-\$15,000 × ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 Amount of Income \$1,000,001-\$5,000,000 × × Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000 ≚ None \$1-\$200 = × \$201-\$1,000 = Z \$1,001-\$2,500 Preceding Year \$2,501-\$5,000 < ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 Dividends, in ¥ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × taxabl Over \$5,000,000 × ď ≚ Spouse/DC Income over \$1,000,000\*

Use additional sheets if more space is required

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### **SCHEDULE C - EARNED INCOME**

Name: Tom Leath	
Leatherwood	
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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.
EYO LIDE: Military new (such as National Guard or December new) federal retirement programs, and honofite received under the Social Security Act

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you aften Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	ncome may apply to you after yo limit is \$27,225. In addition, cert r staff.	u are on House payroll. The 2014 ain types of income (notably honoral	ter you are on House payroll. The 2014 limit on outside earned income for certain types of income (notably honoraria, director's fees, and payments for
		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500 \$500
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
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There's can't legisler's carice	SHAM	a, 660	(0),07/
Arliagton Community Schools	Spouse Salary	NB	NA
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#### SCHEDULE D - LIABILITIES

Name: 200 Leatherwood Page <u>`</u>

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 exceeded \$10,000. 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 \*Column K is for liabilities held solely by your spouse or dependent child.

			SP. DC, JT		
		 	`\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.		
		Example			
		First Bank of Wilmington, DE	Creditor		
		5/98	Date Liability Incurred MO/YR		
		Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	<b>D</b>	
			\$50,001- \$100,000	0	
		×	\$100,001- \$250,000	0	
			\$250,001- \$500,000	m	moun
			\$500,001- \$1,000,000	חד	Amount of Liability
			\$1,000,001- \$5,000,000	၈	ability
			\$5,000,001- \$25,000,000	Ι	
			\$25,000,001- \$50,000,000		
			Over \$50,000,000	<u>.</u>	
			Over \$1,000,000* (Spouse/DC Liability)	*	

#### 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.

The current calendar year. First-year candidates and new o	the current caternal year. First-year cantinates and new amproyees report positions require current caternal year and two previous years.
Position	Name of Organization
Register of Deeds	Shelby County Government
2	

#### SCHEDULE F - AGREEMENTS

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Sport to: fi	Name:
thurs omnious	Pom
remarkable that you have with respect to: future amplement: a leave of sheapes during the period of government sending:	Name: Torn Leatherwood
of covernment service:	Page 5 of 5

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. 11992 Date Myself & State of Tennessee Parties to Agreement Participation in pension plan 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.

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