

UNITED STATES HOUSE OF REPRESENTATIVES
2019 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

HAND DELIVERED Page 1 of 9

Name: Michael Busch Daytime Telephone: _____

A \$250 penalty shall be assessed against any individual who does not file this statement 30 days late.

2020 SEP - 8 PM 1:26 (Office Use Only)

Me

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Missouri</u> District: <u>3</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2019 Annual (Due: May 15, 2020)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

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. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$500 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$250 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$500 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH 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 answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: William Blake Lusk & Family SR

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income													BLOCK E Transaction	
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, SPOUSE, or G	
JT	2. Brother Investment, LLC St Elizabeth, MO (RE Investment/90 Ave. Home)																																			
JT	hardover land Co. LLC St Elizabeth, MO (02 Investment/11.2 Ave. Dr)																																			
JT	Savings Bank of St Elizabeth, MO																																			
	IRA - Savings Bank of St Elizabeth, MO																																			

Use additional sheets if more space is required.

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Use additional sheets if more space is required.

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Name: BRYANNE BARTSCH Page 7 of 9

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
6-08	St of Missouri	Legislature's Retirement Benefit
1-99	St of Missouri	Deferred Retirement Benefit as Employees of State of Missouri

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal property from an individual (which may not include a registered lobbyist or foreign agent), 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 \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval at the Committee on Ethics.

[illegible]

Use additional sheets if more space is required.

SCHEDULE H - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name: William Evans Luteswinger Page 8 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 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 truly independent of his or her relationship to the filer.

Source	Dates	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Accompanying? (Y/N)
Example: Government of Ohio (HRC/OS)	Aug. 0-11	DeSoto, Atlanta	Y	Y	N
Hotel for Kennedy (family traveling)	Nov. 24	DC-Seattle-DO	Y	Y	Y
<i>None</i>					

Use additional sheets if more space is required.

