

UNITED STATES HOUSE OF REPRESENTATIVES

2020 FINANCIAL DISCLOSURE STATEMENT

Form A

For Use by Members, Officers, and Employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
2021 (Office Use Only)
M 20 JUN 15 AH 9: 20

Name: William Bratton, Jr., Esq. Daytime Telephone: _____

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Missouri</u> - District: <u>3</u>	Officer or Employee	Employing Office:	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2020 Annual (Due: May 17, 2021)	<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? <input checked="" type="checkbox"/>	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? <input checked="" type="checkbox"/> Yes <input 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? <input type="checkbox"/>	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 \$415 in value from a single source during the reporting period? <input type="checkbox"/> 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 \$200 or more during the reporting period? <input type="checkbox"/>	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 \$415 in value from a single source during the reporting period? <input type="checkbox"/> 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? <input type="checkbox"/>	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? <input type="checkbox"/> 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? <input type="checkbox"/>	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 No

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted 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 No

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 No

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: William Bruns, MFT

Page 2 of 9

BLOCK A			BLOCK B												BLOCK C												BLOCK D												BLOCK E											
Assets and/or Income Sources			Value of Asset												Type of Income												Amount of Income												Transaction											
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, used.			Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “Tax-Deferred” column. Dividends, interest, and capital gains, even if reinvested, sales (S), or exchanges (E) must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated in the reporting period.												Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.																							
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.			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.												If an asset was sold during the reporting period and is included only because it generated income, the value should be “None.”												Check “None” if no assets were held by your spouse or dependent child in which you have no interest.																							
For rental and other real property held for investment, provide a complete address or description, e.g., “Tental 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.												“Column M is for assets held by your spouse or dependent child in which you have no interest.												“Column M is for assets held by your spouse or dependent child in which you have no interest.																							
SP, DC, Exempt:	SP, DC, Exempt:	None	A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	S (par)	P, S, S (paid), or E																					
ABC Hedge Fund	X	Indefinite	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																							
ST. ELIZABETH PARISH, LLC St. Elizabeth, MO			X												X												X												X											
ST. CEDAR RIDGE ACRES, LLC Meta, MO			X												X												X												X											
Karma Karma			X												X												X												X											
S-Corp			X												X												X												X											

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED"

Name: William Braine / Merton

Page 3 of 9

SCHEDULE B – TRANSACTIONS

Name: William J. Bratton Page 4 of 9

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the 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 capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, 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 "partial sale" as the type of transaction.

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.

* Column K is for assets actually held by your spouse or dependent child.

SP DC, JT	Asset	Type of Transaction	Date	Amount of Transaction											
				(M)D(M)R Quantity, Monthly, or Bi- weekly, if applicable	A	B	C	D	E	F	G	H	I	J	K
SP	Example: M&P Corp. Stock	Purchase													
		Sale													
		Partial Sale													
		Exchange													
		Check Box if Capital Gain Exceeded \$200													
				\$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											
				Over \$1,000,000* (Spouse/DC Asset)											

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: William Bruce Lutzinger Page 6a of 9

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.**

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 parties and campaign organizations), and positions solely of an honorary nature.

Position	Name of Organization
Member	2 Brothers Investment, LLC Crown Ridge Annex, Inc. Lorraine Books Co., LLC
Member	
Member	

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

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	State of Missouri Legislator's Retirement Benefit	Deferral Retirement Benefit As employee of State of Missouri
1-99	State of Missouri	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts or personal hospitality 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 \$165 or less need not be added towards the \$415 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 of the Committee on Ethics.

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 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 (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 \$165 or less need not be added towards the \$415 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 of the Committee on Ethics.			
Source	Description	Value	
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of potential filership received from the Committee on Ethics)	\$500	<i>Monke</i>

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name William Blaine Kretzinger Page 8 of 9

Use additional sheets if more space is required.

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Name: Nikita Bharat Interregional Page 9 of 9

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name William R. Benehusky Jr.

Page _____ of _____

Use additional sheets if more space is required.