UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

Name: Kerry Scott Burt **Daytime Telephone:** _

FILER STATUS

- [✓] New Member of or Candidate for U.S. House of Representatives — State: Kansas — District: 01 — Candidates – Date of Election: ______
- [ ] New Officer or Employee — Employing Office: ______

[ ] Check if Amendment

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

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?	Yes ✓ No ☐	**E.** Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes ☐ No ✓
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?	Yes ✓ No ☐	**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?	Yes ☐ No ✓
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 ☐ No ✓	**J.** Did you receive compensation of more than $5,000 from a single source in the current year and two prior years?	Yes ☐ No ✓

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE 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 dependent child?	Yes ☐ No ✓
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, 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.	Yes ☐ No ✓

SCHEDULE A – ASSETS & "UNEARNED INCOME"

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BLOCK A — Assets and/or Income Sources

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, and (b) any other reportable asset or source of income which generated more than $200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use only ticker symbols).

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.

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 homes 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.

BLOCK B — Value of Asset

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 used.

If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."

*Column M is for assets held by your spouse or dependent child in which you have no interest.

BLOCK C — 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 "Tax-Deferred" column. **Dividends, interest, and capital gains, 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.

BLOCK D — Amount of Income

For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.** Check "None" if no income was earned or generated.

*Column XII is for assets held by your spouse or dependent child in which you have no interest.

Block A / Block B

SP, DC, JT	Asset	EIF	A None	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	M Spouse/DC Asset over $1,000,000*
	Examples: Mega Corp Stock						X								
	Examples: Simon & Schuster				Indefinite										
	Examples: ABC Hedge Fund	X							X						
	Capital One Savings				X										
	Astra Savings			X											
	Astra Checking				X										
	Central Bank & Trust				X										
SP	Central Bank & Trust				X										

Block C

Asset	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: *e.g.*, Partnership Income or Farm Income)
Mega Corp Stock		X						
Simon & Schuster								Royalties
ABC Hedge Fund								Partnership Income
Capital One Savings				X				
Astra Savings				X				
Astra Checking	X							
Central Bank & Trust				X				
Central Bank & Trust (SP)				X				

Block D — Current Year

Asset	I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	XII Spouse/DC Income over $1,000,000*
Mega Corp Stock		X										
Simon & Schuster					X							
ABC Hedge Fund						X						
Capital One Savings		X										
Astra Savings		X										
Astra Checking	X											
Central Bank & Trust		X										
Central Bank & Trust (SP)		X										

Block D — Preceding Year

Asset	I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	XII Spouse/DC Income over $1,000,000*
Mega Corp Stock			X									
Simon & Schuster						X						
ABC Hedge Fund							X					
Capital One Savings		X										
Astra Savings		X										
Astra Checking	X											
Central Bank & Trust	X											
Central Bank & Trust (SP)	X											

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & "UNEARNED INCOME"

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BLOCK A — Assets and/or Income Sources; BLOCK B — Value of Asset

SP, DC, JT	ASSET NAME	EIF	A None	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	M Spouse/DC Asset over $1,000,000*
SP	Ameriprise Brokerage Acct				X										
	Ameriprise Brokerage Acct				X										

BLOCK C — Type of Income

ASSET NAME	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
Ameriprise Brokerage Acct	X							
Ameriprise Brokerage Acct	X							

BLOCK D — Amount of Income — Current Year

ASSET NAME	I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	XII Spouse/DC Income over $1,000,000*
Ameriprise Brokerage Acct	X											
Ameriprise Brokerage Acct	X											

BLOCK D — Amount of Income — Preceding Year

ASSET NAME	I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	XII Spouse/DC Income over $1,000,000*
Ameriprise Brokerage Acct	X											
Ameriprise Brokerage Acct	X											

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Kerry Scott Burt

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.

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

	Source (include date of receipt for honoraria)	**Type**	**Amount**	
			Current Year to Filing	**Preceding Year**
Examples:	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	$0	$500
	State of Maryland	Salary	$20,000	$76,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	$0	$1,000
	Ontario County Board of Education	Spouse Salary	N/A	N/A
	Midwest Malibu Center, Hutchinson KS	Salary	$20,435.97	$49,364

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

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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 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 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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	A $10,001-$15,000	B $15,001-$50,000	C $50,001-$100,000	D $100,001-$250,000	E $250,001-$500,000	F $500,001-$1,000,000	G $1,000,001-$5,000,000	H $5,000,001-$25,000,000	I $25,000,001-$50,000,000	J Over $50,000,000	K Over $1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							

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	Name of Organization
Employee	Midwest Malibu Center

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Kerry Scott Burt | **Page_____ of ______**

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.**

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

Use additional sheets if more space is required.

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

LEGISLATIVE RESOURCE CENTER 2016 MAY 18 PM 1:56 U.S. HOUSE OF REPRESENTATIVES

MAY 10 2016

Indicate Your Status: (Select One)

Dear Madam Clerk:

[✓] **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 ______________________,
I withdrew my candidacy for the U.S. House of Representatives on ______________________.

[Note: If your Financial Disclosure Statement was due **before** 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): Kerry S. Burt

State: Kansas District: 01

Date: 5-4-16

(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