	more than 30 days late.	Termination Date:	Ter Termination	Amendment	Annual (May 15)	Report Type
	be assessed against		Employee	District: 2	House of Representatives	Status
	A \$200 penalty shall	Employing Office:	☐ Officer Or	State: KS	Member of the U.S.	Filer
•	(Office Use Only)	(Daytime Telephone)		me)	(Full Name)	
Z	2013 MAY -7 PM 12: 38			enkins	Lynn M. Jenkins	
		For use by Members, officers, and employees		LOSURE STATEMEN	CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	CALENDAR
Ī		FORM A Page 1 of 7		REPRESENTA	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED
3	HAND DEI VERED					

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

## < ₹ IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS ₹ 듣 If yes, complete and attach Schedule V. (more than \$10,000) during the reporting period? Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth Did you, your spouse, or a dependent child have any reportable liability if yes, complete and attach Schedule IV. more than \$1,000 at the end of the period? If yee, complete and attach Schedule III. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule I Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule II. 3 8 8 **48** š 5 3 3 중 Š ž 중 ₹ 3 < **≦** ≨ × ≤ Did you hold any reportable positions on or before the date of filing in the current calendar year? Each question in this part must be answered and the appropriate If yes, complete and attach Schedule IX Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$360 Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise schedule attached for each "Yes" response. Did you have any reportable agreement or arrangement with an outside If yes, complete and attach Schedule VIII. If yes, complete and attach Schedule VII. from one source)? If yes, complete and attach Schedule VI. ž 3 **3** 8 < 중 3 ₹ Š 3 3

PO

Trusts-

Exemptions-

Have you excluded from this report any other assets, "unearned" 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

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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 benefiting you, your spouse, or dependent child?

Did you purchase any shares that were allocated as a part of an initial Public Offering?

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SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Lynn M. Jenkins	enkins		Page 2 of 7
	BLOCK A	вгоск в	вгоск с	BLOCKD	BLOCK E
ASS( identify (a) each value exceeding reportable asse "unverned" inc	Asset and/or income Source identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Year-End Value of Asset Indicate value of asset at close of reporting year. If	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose apacific investments or that	Amount of Income For seasts for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the	Transaction indicate if easet had purchases (P), sales (S), or exchanges (E)
For all IRAs and each asset held For rental or off a description, a	For all IRAs and other retirement plane (such as 401(k) plane) provide the value for each asset held in the account that exceeds the reporting thresholds.  For rental or other real property held for investment, provide a complete eddress or a description, e.g., "rental property," and a city and state.	market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it	you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	Dividends, Interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" if no income was earned or generated.	
For an ownership in state the name of the focation in Block A.	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.	generated income, the value should be "None."  * This column is for assets	during the reporting period.	I has column a to snoome generated by assets held solely by your spouse or dependent child.	
Exclude: Your p (unless there w \$5,000 or less in in, or income do Savings Plan.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Pian.	or dependent child.			
If you so choose, you may indi spouse (SP) or dependent chili optional column on the far left	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.				
For a detailed discuinstruction booklet.	For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.				
DC1	529 ESA - Learning Quest 500 Index	\$15,001 - \$50,000	None	NONE	q
DC2	529 ESA - Learning Quest Total Growth Index	\$15,001 - \$50,000	None	NONE	ס
	ING TRowePrice Capital Appreciation Portfolio Inst (part of Kansas Public Employees 457 plan)	\$15,001 - \$50,000	None	NONE	
	Fidelity Contrafund (part of Kansas Public Employees 457 plan)	\$15,001 - \$50,000	None	NONE	
	Columbia Acorn Fund A (part of Kansas Public Employees 457 plan)	\$15,001 - \$50,000	None	NONE	

SCHEDOLE III - ASSE IS AND CHENNED INCOME	Name Lynn M. Jenkins	1. Jenkins		Page 3 of 7
Allianz NFJ Small-Cap Value Fund Inst (part of Kansas Public Employees 457 plan)	\$15,001 - \$50,000	None	NONE	
Dodge & Cox International Stock Fund (part of Kansas Public Employees 457 plan)	\$15,001 - \$50,000	None	NONE	
Kansas Public Employees Retirement System (1)	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
Vanguard Prime Money Market Fund Shares (VMMXX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Vanguard 500 Index Fund Admiral Shares (VFIAX)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
Vanguard PRIMECAP Fund Investor Shares (VPMCX)	\$15,001 - \$50,000	DIVIDENDS/CAP	\$201 - \$1,000	
Vanguard Total International Stock Index Admiral Shares (VTIAX)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
Vanguard Windsor II Fund Investor Shares (VWNFX)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
Community Bank savings account	\$15,001 - \$50,000	INTEREST	\$1 - \$200	

## **SCHEDULE IV - TRANSACTIONS**

Name Lynn M. Jenkins Page 4 of 7

is sold, please so indicate (i.e., "partial sale"). See example below. between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. This column is for assets solely held by your spouse or dependent child.

\$1,001 - \$15,000	MONTHLY	N/A	ס	529 ESA - Learning Quest Total Growth Index	DC2
\$1,001 - \$15,000	MONTHLY	A/N	ס	529 ESA - Learning Quest 500 Index	DC1
Amount of Transaction	Date	Capital Gain in Excess of \$2007	Type of Transaction	Asset	SP, DC,

## SCHEDULE V - LIABILITIES

Name Lynn M. Jenkins

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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 dependent child. Mark the highest amount owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: for liabilities held solely by your spouse or dependent child. Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; labilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. "This column is

	SP, DC, JT
Chase	Creditor
May 2007	Date Liability Incurred
Mortgage on primary residence, Topeka, KS	Type of Liability
\$100,001 - \$250,000	Amount of Liability

## **SCHEDULE IX - AGREEMENTS**

Name Lynn M. Jenkins

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Identify the date, parties to, and general terms of any agreement or arrangement 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	Terms of Agreement
Indefinite	Kansas Public Employees Retirement System	I am a participant in the KPERS defined benefit retirement plan.

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Number Schedule III Section / Schedule interest. It is not a "defined contribution" account and there are my total contribution to the KPERS defined benefit plan plus no available investment choices. This entry is for my KPERS account balance, which represents Name Lynn M. Jenkins Footnote Kansas Public Employees Retirement System the following item This note refers to Page 7 of 7