

HAND DELIVERED
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UNITED STATES HOUSE OF REPRESENTATIVES
2013 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

LEGISLATIVE RESOURCE CENTER

2014 MAY 15 AM 11:07

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: GARLAND "ANDY" BARR Daytime Telephone: 202-225-4706

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>KY</u> District: <u>06</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	<input checked="" type="checkbox"/> 2013 Annual (Due: May 15, 2014)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Date: _____	

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 <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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 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 \$200 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 \$350 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 checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO, 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 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"/>

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **GALLARD "Robby" GARD**

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BLOCK A Asset and/or Income Source		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	P, S, S(part), or E	
	None																																		
	\$1-\$1,000																																		
	\$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																																		
	Spouse/DC Asset over \$1,000,000*																																		
	None																																		
	DIVIDENDS																																		
	RENT																																		
	INTEREST																																		
	CAPITAL GAINS																																		
	EXCEPTED/BLIND TRUST																																		
	TAX-DEFERRED																																		
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																		
	None																																		
	\$1-\$200																																		
	\$201-\$1,000																																		
	\$1,001-\$2,500																																		
	\$2,501-\$5,000																																		
	\$5,001-\$15,000																																		
	\$15,001-\$50,000																																		
	\$50,001-\$100,000																																		
	\$100,001-\$1,000,000																																		
	\$1,000,001-\$5,000,000																																		
	Over \$5,000,000																																		
	Spouse/DC Asset with Income over \$1,000,000*																																		
	None																																		
	\$1-\$200																																		
	\$201-\$1,000																																		
	\$1,001-\$2,500																																		
	\$2,501-\$5,000																																		
	\$5,001-\$15,000																																		
	\$15,001-\$50,000																																		
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	\$1,000,001-\$5,000,000																																		
	Over \$5,000,000																																		
	Spouse/DC Asset with Income over \$1,000,000*																																		
	None																																		
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	\$1,000,001-\$5,000,000																																		
	Over \$5,000,000																																		
	Spouse/DC Asset with Income over \$1,000,000*																																		
	None																																		
	\$1-\$200																																		
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	\$50,001-\$100,000																																		
	\$100,001-\$1,000,000																																		
	\$1,000,001-\$5,000,000																																		
	Over \$5,000,000																																		
	Spouse/DC Asset with Income over \$1,000,000*																																		

SCHEDULE B - TRANSACTIONS

Name: **GABRIEL "ANDY" BARR**

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SP, DC, JT		Type of Transaction				Date	Amount of Transaction										
SP	DC, JT	Purchase	Sale	Partial Sale	Exchange		A	B	C	D	E	F	G	H	I	J	K
	Asset					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)
	SP, DC, JT																
	SP																
	1351 GRAY HAWK RD		X			X				X							
	PANICAP RESIDENCE	X									X						
	401K HUMANA EMERGENCY MARKET		X				4/9/13	X									
	401K QUANTICORE EQUITY		X				4/9/13	X									
	401K FRANKLIN TEMPLETON HIGH FUND		X				4/9/13	X									
	401K FIDELITY INTERNATIONAL INVEST FUND		X				4/9/13	X									
	401K GABRIEL FUND OF AMERICA		X				4/9/13	X									
	401K VY ASSET MANAGEMENT		X				4/9/13	X									
	401K JF AMERICA EMERGENCY FUND		X				4/9/13	X									
	401K TEMPLETON GLOBAL FUND		X				4/9/13	X									
	HUMANA HOSPITAL MARKET - FED GOVT CASH	X					4/11/13		X								
	QUANTICORE EQUITY	X					11/4/13	X									
	FRANKLIN ADVISOR	X					11/4/13	X									
	VY ASSET MANAGEMENT	X					11/4/13	X									
	JF AMERICA EMERGENCY FUND	X					11/4/13	X									
	LEOP ARDENT VALUE	X					11/4/13	X									
	PANICAP RESIDENCE	X					11/5/13	X									
	HUMANA HOSPITAL MARKET - FED GOVT CASH		X				11/5/13		X								

Name: GARLAND "ADDY" BARR

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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: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

[illegible]

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*Column K is for liabilities held solely by your spouse or dependent child.

[illegible]

Name of Organization
