|            | Yes No 🗸  | nt child<br>n Ethics.    | 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. | ssets, "unearned" ? Do not answer       | from this report any other as all three tests for exemption  |   | Exemptions-                              |          |
|------------|---|--------------------------|--|---|--|---|--|----------|
|            | Yes No 🗸  | t be                     | 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?                  | oved by the Comm<br>details of such a t | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your sp | Details regarding "o  | Trusts-                                  |          |
|            | Yes 🗌 No 🗸  |                          | nitial Public Offering?  | d as a part of an Ir                    | Did you purchase any shares that were allocated as a part of an Initial Public Offering?   | Did you purchase a  | {PO                                      | _        |
|            | QUESTIONS   | ESE (                    | TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS   | OR.                                     | JUSE, DEPENDENT,   | <b>EXCLUSION OF SPOUSE,</b>   | IPO and EXC                              | <b>-</b> |
|            |   | šė.                      | schedule attached for each "Yes" response  | <u> </u>                                | V.   | If yes, complete and attach Schedule V  | If yes, comple                           | _        |
|            | d the appropriate   | red and                  | Each question in this part must be answered and the appropriate  | Yes No                                  | have any reportable liability riod?  | Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?                      | V. (more than \$10,0                     |          |
|            |   |                          | If yes, complete and attach Schedule IX.   |   | N.   | If yes, complete and attach Schedule IV.  | If yes, complet                          | _        |
|            | te<br>Yes □ No ☑  | an outside               | Did you have any reportable agreement or arrangement with an outside IX. entity?   | Yes □ No €                              | 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 dependent child purchase, sell, or exchange a reportable asset in a transaction exceeding \$1,000 during the reporting | Did you, your sp IV. reportable asset    |          |
|            | •   |                          | If yes, complete and attach Schedule VIII.   |   | <b>=</b>   | more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.   | more than \$1,000 lf yes, comple         | -        |
|            | Yes V No  | of filing in t           | Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?  | ¥8<br>√3<br>No                          | 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                                       | ouse, or a dependent child r<br>in the reporting period or ho   | III. more than \$200                     |          |
|            |   |                          | If yes, complete and attach Schedule VII.  |   |  | If yes, complete and attach Schedule II.  | If yes, comple                           |          |
|            | vetor<br>350 Yes ☑ No 🗌                                     | rtable travers than \$35 | Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?  | Yes No 🗸                                | 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?  | Did any individual or organization make a donation to charity in you for a speech, appearance, or article in the reporting period?              | Did any individu<br>II. you for a speech |          |
| •          |   |                          | If yes, complete and attach Schedule VI.   | -                                       |  | If yes, complete and attach Schedule I.   | If yes, comple                           | -        |
| - <u>-</u> | tin<br>ise Yes □ No 🗸                                       | ot otherwis              | Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?   | Yes No W                                | Did you or your spouse have "samed" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  | Did you or your spouse have "earned" income (e. or more from any source in the reporting period?  | Did you or your  I. or more from an      |          |
| - '        |   |                          | QUESTIONS  | OF THESE                                | N ANSWER EACH  | PRELIMINARY INFORMATION   | PRELIMINAR                               |          |
|            | more than 30 days<br>late.                                  | more late.               | Termination Date:  | ☐ Termination                           | ☐ Amendment  | Annual (May 15)   | Report<br>Type                           |          |
|            | be assessed against anvone who files                        | be any                   | Employee   |   | entatives District: 08   | House of Representatives  | <b>(</b> )                               |          |
|            | A \$200 penalty shall                                       | <b>3 V</b><br>7 38 (CB   | Employing Office: 3.5  |   | S. State: AZ   | Member of the U.S   | Filer                                    |          |
| •          | (Office Use Only)   | . (                      | (Daytime Telephone)  |   | (Full Name)  |   |  | _        |
|            | 2013 KAY 15 PM 4: 11 70                                     |                          | 201  |   | Trent Franks   | _   |  |          |
|            | T. 17 12 12 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13 | -1                       | . ;  |   |  |   |  |          |
| Ē          | <u>.</u>  |                          | For use by Members, officers, and employees  | MENT                                    | DISC   | EAR 2012 FINANCIA   | CALENDAR YI                              | _        |
| ה<br>ל     | DELIVERE  |                          | FORM A Page 1 of 5   | TATIVES                                 | E OF REPRESENTATIVES   | STATES HOUSE  | UNITED S                                 |          |
| 5          | TA E  |                          |  |   |  |   |  |          |
|            |   |                          |  |   |  |   |  |          |

| SCHEDULE III - ASSETS AND "UNEARNED" INCOME  | Name Trent Franks  | nks   |  | Page 2 of 5   |
|--|--|---|--|---|
| BLOCK A  | BLOCK B  | вгоск с   | - BLOCK D  | BLOCK E   |
| 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 "unearmed" income during the year.  Provide complete names of stocks and mutual funds (do not use 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 rental or other real property held for investment, provide a complete address or a 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. | Year-End Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None," * This column is for assets | Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), 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 during the reporting period. | 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. Check "None" if no income was earned or generated.  " This column is for income generated by assets held solely by your spouse or dependent child. | Iransaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
| 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); 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 Plan.  | value should be "None."  * This column is for assets held solely by your spouse or dependent child.  |   | generated by assets held solely by your spouse or dependent child.   |   |
| 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 discussion of Schedule III requirements, please refer to the instruction booklet.   |  |   |  |   |
| Note payable from Providence Petroleum for Liberty Petroleum Stock   | \$50,001 -<br>\$100,000  | CAPITAL GAINS   | \$100,001 -<br>\$1,000,000   |   |
| Note Payable from Trinity Petroleum Providence Trust   | \$1,000,001 -<br>\$5,000,000   | CAPITAL GAINS   | NONE   |   |
| Providence Trust   | \$5,000,001 -<br>\$25,000,000  | CAPITAL GAINS   | NONE   |   |
| Trinity Petroleum Stock  | \$5,000,001 -<br>\$25,000,000  | CAPITAL GAINS   | NONE   |   |
| U.S. Patents for LP 1000 Life<br>Pager   | \$100,001 -<br>\$250,000   | None  | NONE   |   |

## **SCHEDULE V - LIABILITIES**

Name Trent Franks Page 3 of 5

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 for liabilities held solely by your spouse or dependent child. liabilities 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 Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: 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                       | SP                       | SP,<br>DC,<br>JT              |
|--------------------------|--------------------------|-------------------------------|
| Barclays Bank Delaware   | Capital One Bank         | Creditor                      |
| Dec 2012                 | Dec 2012                 | Date<br>Liability<br>Incurred |
| Revolving Charge Account | Revolving Charge Account | Type of Liability             |
| \$15,001 - \$50,000      | \$15,001 - \$50,000      | Amount of Liability           |

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Trent Franks

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spouse or dependent child that is totally independent of his or her relationship to you. the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the 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,

| Source   | Date(s)            | Point of Departure<br>DestinationPoint of Return | Lodging?<br>(Y/N) | Food?<br>(Y/N) | Was a Family Prood? Member Included? (Y/N) (Y/N) | Days not at sponsor's expense |
|--|--------------------|--|-------------------|----------------|--|-------------------------------|
| The Heritage Foundation                        | Jan 15-17          | Jan 15-17 DC-Philadelphia-Phoenix                | ٨                 | <b>~</b>       | Z  | None                          |
| Internation Israel Allies<br>Caucus Foundation | Sept-30-<br>Oct 15 | Phoenix-Tel Aviv-Phoenix                         | <b>Y</b>          | ~              | Z  | 11 Days                       |

## **SCHEDULE VIII - POSITIONS**

Name Trent Franks

Page 5 of 5

educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any honorary nature; and positions listed on Schedule I.

| Position     | Name of Organization             |
|--------------|----------------------------------|
| Board Member | Americans For Military Readiness |
| Board Member | Heartline Ministries             |
|              |                                  |