(Office Use Only) A \$200 penalty shall be assessed against any individual who files more than 30 days late. Ore the date wo years? Yes No THESE QUESTIONS THESE QUESTIONS THESE QUESTIONS THESE QUESTIONS THESE QUESTIONS THESE QUESTIONS THESE QUESTIONS	A \$200 per against an more than against an s5,000 from each "Yes" Peach "Yes" Trangement rrangement child	Daytime Telephone Check if A \$200 penalty shall A \$200 penalt	Date of Election: No	Name: Kirk William Jorgenson Daytime Telephone	Filer Status In all sectic fies) of \$20 If yes, com II. Did you of fees) of \$20 If yes, com III. Did you able liability income of reportable of the yes, com III. Did you able liability in yes, com III. Did you of feet yes, com
LEGISLATIVE RESOURBERCENTER 2013 NOV -4 PM 1: 35	2013	FORM B For use by candidates and new employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - October 1, 2013	FINAN(Period c

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

(Kirk William Jorgensen	
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Name

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a 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.

Excitate: williary pay (water as examples Came of Flooring pay), water from	Cition by Co. Cition Co.		
Course displayed a special for bonorarie	Type	Amount	unt
Conce (include date of receipt for inclination)	- 1700	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Booz Allen Hamilton, McLean, VA	Salary	\$9,902	\$129,348
North Coast Family Medical Group	Spouse Salary	\$87,930	\$110,946
Primary Care Associates Medical Group	Spouse Salary	\$92,789	\$153,237

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				_		T		-	ness, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second formes and vacation homes (unless there was rental income during the reporting period); any deposits totalized the reporting period); any deposits totalized from, a federal refirement program, including the Thrift Savings Plan. 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 II requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business	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., "ental property" and the city and state.	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. Provide complete names of stocks and mutual funds (do not use ticker symbols).	چ
Berkshire Hathaway Stock	Charles Schwab, IRA	Charles Schwab, IRA	North Coast Family Medical Group Encinitas, CA (20% Interest)	Morgan Stanley, 401(k)	John Hancock, 401(k)		Examples:		e: Your manual m		RAS provident tal o	(a) e ne ve d of ble as an \$2 com	BLOCK A Asset and/or Income Source
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$\vdash\vdash$					×	×	0	×	\$50,001 - \$100,000 \$100,001 - \$250,000	T1	it generated income, the value should be "None." "This column is for assets solely held by your spouse or dependent child.	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	BLOCK B
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<u>' ' '</u>			5.2			┢			EXCEPTED/BLIND TRUST		interest, and capital gains, even interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	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(t) plans or IRAs), you may check the Tax-Deferred column. Dividends.	BLOCK C Type of Income
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						-		Н	\$100,001 - \$1,000,000 \(\overline{\o	JBE	is column is for income derived from assets solely held by your lise or dependent child.	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.	
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	-								Over \$5,000,000		ý	d g	
						Г			Spouse/DC Income over \$1,000,000° ≚			% %	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name

Kirk William Jorgenser

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Continuation Sheet (if needed)

 \exists =Ξ 8 Ξ SP. K. Jorgensen and E. Jorgensen SGLI Life Insurance Family Trust Navy Federal Accts Seattle, WA (50% Interest) **British Petroleum Stock** Kirk W. and Georgine N. Asset and/or income Source Jorgensen Consulting, LLC orgensen Family Trust BLOCK A Þ None æ \$1 - \$1,000 × × C \$1,001 - \$15,000 D \$15,001 - \$50,000 Value of Asset П \$50,001 - \$100,000 T \$100,001 - \$250,000 BLOCK B G × \$250,001 - \$500,000 I × \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE × DIVIDENDS Type of income RENT BLOCK C × **INTEREST** × CAPITAL GAINS Income EXCEPTED/BLIND TRUST Partnership TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) × × × × None \$1 -- \$200 × × \$201 - \$1,000 = \$1,001 - \$2,500 ₹ **Current Year** \$2,501 - \$5,000 XI MIN IX \$5,001 - \$15,000 \$15,001 -- \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 Over \$5,000,000 BLOCK D ¥ Spouse/DC Income over \$1,000,000* None × × × \$1 - \$200 × \$201 - \$1,000 XI IIIIV IIIV IV V V V III Preceding Year \$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 Income over \$1,000,000*

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SCHEDULE III — LIABILITIES

Name Kirk William Jorgensen Page 5 of

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ture, or appliances; 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 your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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

			П		T
				다 DC SP	
		None	Example:		
			First Bank of Wilmington, DE	Creditor	
			May 1998	Date Liability Incurred mo/year	
		None	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Г	ally positions solely of all notionary fiature.	TUIG.
	Position	Name of Organization
- 1	Senior Associate / Lead Associate	Booz Allen Hamilton, McLean, VA
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SCHEDULE V - AGREEMENTS

Name Kirk William Jorgensen

Page 6 6

	Date	Identify the date service; continue fit plan mainta
None	Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with service; continuation or deferral of payments by a former or current employer other that effit plan maintained by a former employer.
	Terms of Agreement	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.

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services