FIGURE STANKING SOFT

×	d Yes	apendent chil	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obscause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	arned" income ss you have fi	other assets, "une answer "yes" unle	is report any cotion? Do not a	EXEMPTION —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	ON—Have you ey meet all thre	EXEMPTION because the
No ×	Yes 🔲	ot be	ent child?	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excedisclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent	nittee on Ethic iting you, your	wed by the Comu	d Trusts" appro	ng "Qualified Blind ded from this repo	Details regardir lave you exclud	TRUSTS- disclosed. h
S	VER EACH OF THESE QUESTIONS)F THESI	ISWER EACH C	MATION — ANSV	T INFOR	T, OR TRUS	PENDEN.	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ION OF S	EXCLUS
	;" response.	each "Yes	dule attached for each "Yes" response.	appropriate schedu	and the	be answere	part must	Each question in this part must be answered	Each qu	
S S	Yes X	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive compensation of n a single source in the two prior years? If yes, complete and attach Schedul	№	Yes	ave any report- rting period?	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	your spouse, or a more than \$10,0 lete and attach	III. Did you, able liability (If yes, comp
×	Yes 🔲	rangement	sportable agreement or arrangement	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	<u>s</u>	r Yes ×	ceive "unearned or hold any and of the period	II. 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 more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did you, your spouse, or a dependent income of more than \$200 in the reporting reportable asset worth more than \$1,000 if yes, complete and attach Schedule II.	II. Did you, y income of my reportable as if yes, comp
S □	Yes x	before the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	IV. Did you hold any re of filing in the current of if yes, complete and	No O	Yes ×	(e.g., salaries o	 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 I. 	your spouse have or more from an elete and attach	l. Did you or fees) of \$200 If yes, comp
			,	MANSWER EACH OF THESE QUESTIONS	OF THES	^{k.} NER EACH	l ë	in all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	ns, please type o	in all section
WIJO IIIES	more than 30 days late.	more tha				Employing Office:	Employii	New officer or employee	New office employee	Status
assessed		A \$200 p	Check if Amendment	2014	Date of Election:	;A 11	State: GA s District:	Candidate for the House of Representatives	X Cand	Filer
	(Office Use Only)	(M)								
		>		Telephone:	Daytime	Barr)	Jr. (Bob	L. Barr,	Robert	Name:
F 4		U.S. H. T. S. E. C.								
i: 06	2013 JUN 18 PM 1:	2013	and new employees	For use by candidates and new employees		15, 2013		Period covered: January 1, 2012 - April	vered: Janu	Period cc
age 1 of 8	The Company of Page 1 of	 	M B	FORM B		TATIVES	EPRESEN	GINANCIAL DISCLOSUBE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES	STATES H	UNITED
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Robert L. Barr, Jr.

Page __ 2 04 8

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.

Exclude: willingly pay (such as National Guard of neserve pay), receitair entertient programs, and	errent programs, and benefits is	Amount	unt
(illuminated date of loverpation individual)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: 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
Liberty Strategies, Inc., Atlanta, GA	Salary	\$4,000	\$18,288
John Marshall Law School, Atlanta, GA	Salary	-0-	\$16,000
Kennesaw State University, Kennesaw, GA	Salary	\$12,000	-0-
Liberty Strategies, Inc.	S-Corp Income	\$51,600	-0-
The Center for Family Resources, Marietta, GA	Spouse Salary	NA	NA

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P Lincoln Financial 403(b)	Sunrise Bank Shares	P Raymond James Brokerage Acct.	Raymond James Brokerage Acct.	Prudential Annuity	Congressional Credit Union		Examples:	P, SP Mega Corp. Stock	income during the reporting period), any deposits total- ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement 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 depen- dent 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.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental	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 Riock A	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 the city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the	Provide complete names of stocks and mutual funds	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.	Asset and/or Income Source	BLOCK A
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		×	×	×		×	Indefinite	×	\$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		D m T G T C X	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	If an asset was sold during the report-	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.	Value of Asset	BLOCK B
x		×	×	×		×	Royaties	×	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)	come)	<u> </u>	if the asset generated no income during the reporting period.	Interest, and capital gains, even if reinvested, must be discovered as income Check "None"	plans or IRAs), you may check the "Tax-Deferred" column. Dividends .	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax.	Type of Income	BLOCK C
*		×	×	×		×	×	×	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 Income over \$1,000,000*		Current Year		* This column is for income derive spouse or dependent child.	income. Check "None" if no income was earned or generated.	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 ,	Amount of Income	BLOCK D
*	×	×	×	×	×	×	×	×	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 Income over \$1,000,000*	III IV V VI VII VIII IX X XI XII	Preceding Year		This column is for income derived from assets solely held by your pouse or dependent child.	le was earned or generated.	Tax-Deferred" in Block C, you may her assets, indicate the category of the box below. Dividends, interest,	of Income	OK D

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SCHEDULE III — LIABILITIES

Name Robert L. Barr, Jr.

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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 ling 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. 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 sib-

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					137.0
			First Citizens	Example: First Bank of Wilmington, DE	Creditor
			Feb 2013	May 1998	Date Liability Incurred mo/year
			Line of Credit for Business	Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000
					\$15,001— \$50,000 50
			×		\$50,001— \$100,000
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					Spouse/DC Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

cer, 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. 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 offi-

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

the production series, or any interest and in	
 Position	Name of Organization
President/CEO	Liberty Strategies, Inc.
Chairman	Liberty Guard, Inc.
Board Member	National Rifle Association
 President/CEO	Law Enforcement Education Foundation
Board Member	Interactive College of Technology

SCHEDULE V — AGREEMENTS

Name Robert L. Barr, Jr.

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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.

on plan manu	en pian mainau by a former employer.	
Date	Parties To	Terms of Agreement

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
Jason Wallace, Marietta, GA	Legal Services
Mark Barnes, Esq., Washington, DC	Consulting Services
SBA List, Washington, DC	Legal Services
Todd and Julie Chrisley, Roswell, GA	Legal Services
Atlanta Journal Constitution, Atlanta, GA	Writing Fees
Robert Mercer, East Setauket, NY	Legal Services
Compassion and Choices, Denver CO	Consulting Services

Robert L. Barr, Jr.

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Schedule VI – Compensation in Excess of \$5,000 Paid by One Source

Source	Brief Description of Duties
Dezenhall Resources, Washington, DC	Consulting Services
Don Washburn, Cedar Rapids, IA	Legal Services
Ogletree Deakins., Phoenix, AZ	Legal Services
Gordon Austin, Carrollton, GA	Legal Services
James Murtagh, Atlanta, GA	Legal Services
Salomon Melgen, West Palm Beach, FL	Legal Services
Ginger Butler, Atlanta, GA	Legal Services
James Huynh, Fairfax, VA	Legal Services
Ken Flick, Douglasville, GA	Legal Services
Kenneth Stephens, Dawsonville, GA	Legal Services
Log Cabin Republicans, Washington, DC	Speaking Fee