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No X	child because Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	"unearned" income, transactions, you have first consulted with the C	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
No 🔀	closed. Have you Yes	d certain other "excepted trusts" need not be discible?	on Ethics and dependent child	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 benefiting you, your spouse, or dependent child?
No X	Yes		ublic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
SNOI	SWER EACH OF THESE QUESTIONS	NA —	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the response.	tion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes Ves, complete and attach Schedule V.
□ No X	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _o	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
.	or before the date Yes	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	<u>\$</u>	III. 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 III.
	d receive any in the reporting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	₹ <u>X</u>	II. 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 II.
□ No ⊠	receive any gregating more Yes	VI. 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 exempt)? If yes, complete and attach Schedule VI.	No U	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? Yes Yes
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
files more than	against anyone who files more than 30 days late.	Termination Date:		Annual (May 15, 2013)
ll be assessed	A \$200 penalty shall be assessed	or Employing Office:	Officer or Employee	Filer Member of the U.S. State: AZ Status House of Representatives District: 1
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38 MC	2013 MAY -9 PM 1: 38	Daytime Telephone:	Daytime T	Name: Ann Kirkmtrick
	TO SECURITOR OF			
VERED	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
Page 1 of 9				

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SCHEDULE I—EARNED INCOME

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.	lits received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ciliatio coulty board of concentral		
Curley + Allison LLP	Spouse Salary	MA
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SCHEDULE II --- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

lope for transmitting the list is included in each Member's filing package. in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green enve-List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization

					MA			Examples: XYZ Magazine	Association of American Associations, Washington, DC	Source	
								Article	Speech	Activity	
	/							Aug. 13, 2012	Feb. 2, 2012	Date	
								\$500	\$2,000	Amount	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Ŋ, child (DC), or is jointly held with your spouse (JT), in the If you so choose, you may indicate that an asset or For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the please refer to the instruction booklet For a detailed discussion of Schedule III requirements optional column on the far left. income source is that of your spouse (SP) or dependent ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits total-Exclude: Your personal residence, including second tion in Block A. ness, the nature of its activities, and its geographic locathat is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business property," and a city and state. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental account that exceeds the reporting thresholds. the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at from, a federal retirement program, including the Thriff accounts; and any financial interest in, or income derived homes and vacation homes (unless there was rental not use ticker symbols.) Provide complete names of stocks and mutual funds (do more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated Identify (a) each asset held for investment or production TRA Examples щ ED W BRD Asset and/or Income Source DEFRO Money In dex SAP 500 ETFTR Unit 1 Shares Money SP 2.9 Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts BLOCK A Follows: Savor LUNG S tollows: Market Mar Ke . 5+0 TRA ROTH and is included only because it If an asset was sold during the reporting year None × spouse or dependent child. used. fair market value, please specify the method year. If you use a valuation method other than Indicate value of asset at close of reporting income, the value should be "None." This column is for assets held solely by your σ \$1 - \$1,000Indefinite O \$1,001 - \$15,000 × X O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 'n \$100,001 - \$250,000 BLOCK B Ø \$250,001 - \$500,000 エ \$500,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 -- \$25,000,000 ᆽ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000* income (such as 401(k) plans or IRAs), you may check the "Taxallow you to choose specific invest-Check all columns that apply. For NONE generated no income during the income. Check "None" if the asset est, and capital gains, even if rein-Deferred" column. Dividends, interretirement accounts that do not ments or that generate tax-deferred reporting period **DIVIDENDS** Type of Income RENT Χ X × INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None assets held solely * This column is for income generated no income was earned or generated and capital gains, even if reinvested, must appropriate box below. Dividends, interest, "None" column. For all other assets, indicate For assets for which you checked "Taxbe disclosed as income. Check "None" if the category of income by checking the Deferred" in Block C, you may check the dependent child. \$1 - \$200= \$201 ~ \$1,000 = Amount of Income \$1,001 - \$2,500 7 \$2,501 - \$5,000 < BLOCK D \$5,001 - \$15,000 ≤ by your spouse ≦ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 \$100,001 - \$1,000,000 ⋝ \$1,000,001 - \$5,000,000 × Over \$5,000,000 × ত হ Spouse/DC Income over \$1,000,000* ¥ reporting \$1,000 in Transaction S or exchanges purchases asset had portion of (E) exceeding (P), sales (S) Indicate if the an asset is BLOCK E for exam-(S) (partial) follows: indicate as sold, please If only a See below (partial) m O T

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SCHEDULE IV— TRANSACTIONS

Name Ann Kirkpatrick Page 6 of 4

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HAS	Box if	xceed	Quarterly,			·			-	-	1-		00*
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.	EXCH. Check	Gain E	Bi-weekly, if applicable	,000		,001- 0,000 0,001-	0,001- 0,000 0,001-	0,000	00,000	00,000	000,000	,000,00 r ,000,00	\$1,000,0 use/DC A
* This column is for assets solely held by your spouse or dependent child.			i	\$1,0 \$15,	\$50,	\$10	\$25	\$500 \$500	\$1,0 \$1,0	\$5,0	\$25,	Ove	Over
SP, DC, JT Asset													
Example: Mega Corpor			10-12-12		×	Н							
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ST Vanquard 500 Index X			11-7-12		×			ļ					
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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: Any mortgage on your personal close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

				1	
	SP, DC, JT				
		Example:			
Date	Creditor	First Bank of Wilmington, DE	N/A		
Date	Liability Incurred Mo/Year	May 1998			
	ear ed	998			
	Type of Liability	Mortgage on 123 Main St., Dover, DE			
\geq	\$10,001- \$15,000				
B	\$15,001- \$50,000				_
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Amount of Liability	Ψ000,000				
F I	\$500,001- \$1,000,000 T \$1,000,001-				
1 1	\$5,000,000 ⁶⁷				
<u> </u>	\$25,000,000 - \$25,000,001 -				
	\$50,000,000 T Over \$50,000,000 C				
$\downarrow \mid$	Soouse/DC Liability				

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, 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 amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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

					/	
				Θ/N		
2 Days	Υ	Υ	Y	DC—Los Angeles—Cleveland	Aug. 6–11	Roycroft Corporation
None	Z	z	Z	DC—Chicago—DC	Mar. 2	Chicago Chamber of Commerce
Number of days <u>not</u> at sponsor's expense	Was a Family Member Included? (Y/N)	Food? (Y/N)	Lodging? (Y/N)	City of Departure—Destination— City of Return	Date(s)	Source

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Name Ann Kirkpatrick Page 2 of 2

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

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

Position	Name of Organization
	A/A

SCHEDULE IX—AGREEMENTS

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. 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

	 	 	 _
Date			
Parties To	N/A		
Terms of Agreement			