In all sections, please type or print clearly in blue or black ink. FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** Period covered: January 1, 2013 - APRIL 30, 2014 BARBARA JEAN KIRKMEYER 不 Candidate for the House of Representatives New officer or employee State: Colored Do District: Employing Office: -Daytime Telephone: Date of June 24, 2014 For use by candidates and new employees FORM B Amendment Check if A \$200 penalty shall be assessed against any individual who files more than 30 days late. OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2014 MAY 21 PM 1:43 (Office Use Only) Page 1 of 6

Name:

Status

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Each question in this part must be	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.	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.	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? If yes, complete and attach Schedule I.
answered	Yes X	Yes X	Yes X
and the a	No 🔲	No 🗌	N _S
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No III 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.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	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.
response.	Yes	Yes	Yes 🔀
	₹	S ⊠	N _S

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

No X	Yes 🔲	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.
No No	Yes 🔲	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 a dependent child?

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

	Name
	Darbara
1	Kirkmayer

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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.

EXCIUGE	Exclude: Military pay (such as National Guard of Reserve pay), lederal retirement programs, and benefits received under the Social Security Act. Amount	rement programs, and benefits i	Amount Amount	unt
	Conice (include date of receipt to Horiotatia)	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
Lacintrico	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA	NA
('eur	GUNTY OF WELD	SALARY	\$26,937	\$80,811

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No PERA Wild Co Retriement	John Hancock	Amer Funds &	Wells fours freet	Northwest United Fed Great Un	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	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 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 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.	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 "unearned" 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 the city and state.
< <		<u> </u>	\$	<	×	Indefinite	×	None	Value of Asset Value of Asset ate value of asset at close of ting year. If you use a valuation od other than fair market value, se specify the method used. asset was sold during the report asset was sold during the report ear and is included only because rerated income, the value should lone." column is for assets solely held our spouse or dependent child.
4 <	<u> </u>	\ \ \	5	\ 	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	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 "Tax-Deferred" 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.
	\ \ \ \	S		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		X	×	None	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 derived from assets solely held by your spouse or dependent child.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Barbara Kirkilleyir

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None None									DC JT,	SP,		
Si - Si,000							Rootes				Asset and/or Income Source	BLOCK A
NONE DIVIDENDS DIVIDENDS RENT								-	\$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	BCDEFGHIJKL	Value of Asset	вгоск в
None							Fe of	PHO+	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Spec	ify: e.g.,	Type of Income	BLOCK C
								7	None	Current Year	Amount of Income	BLOCK D

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SCHEDULE III — LIABILITIES

Name Barbara Kirkmeyer

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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 reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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-

8 S		Date		>	8	c	o	m Am	Amount of Liability	G Fab	ı		د	*
JT DC,	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$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 Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×							
	CHASE	1/2003	CREDIT CARD	X										
					·									
														:

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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);

Position	Name of Organization
COUNTY COMMISSIONER	WELD COUNTY, COLORADO
DIRECTOR PRESIDENT	SOUTH PLATTE VALLEY HISTORICAL SOCIETY
TRESURER	Colo Countes INC.
VICE-PRESIDENT	FAMILY RESOURCE CENTER