E _X	Tr	IPO	IPO aı	lf y	V. (mo	if y	V. repo	If y	II. pid	If y	II. you	If y	i. or n	PREL	Report Type	Filer Status			CALE	Ŷ
Exemptions	Trusts	7	and EXC	es, comple	you, your s re than \$10,	es, comple	Did you, your s reportable asse period?	es, comple	you, your s e than \$200	es, comple	any individ	es, compl	you or you nore from a	MINAF					TED S	
İ	Details regarding "Qualified Blind Trusts" approductions of the production of the pr	Did you purchase any shares that were allocated as a part of an initial Public Offering?	EXCLUSION OF SPOUSE, DEPENDENT	if yes, complete and attach Schedule V.	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 IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	from \$1,000 at the end of the period? If yes, complete and attach Schedule 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	If yes, complete and attach Schedule 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 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?	PRELIMINARY INFORMATION ANSWER EACH	Annual (May 15) Amendment	Member of the U.S. State: KS House of Representatives District: 1	(Full Name)	Timothy Alan Huelskamp	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	
sets, "unearned" income, transactions, or li	ved by the Committee of trust by the committee of such a trust by	as a part of an initial P	DEPENDENT, OR TRUST INFORMATION		Yes No		Yes No V IX.		Yes 🛛 No 🔲 VIII.		Yes No VII.		Yes 🕢 No 🗌 VI.	OF THESE	☐ Termination	Offi			TATIVES MENT	
Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child	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?	Public Offering?	*ORMATION ANSWER EACH OF THESE QUESTIONS		Each question in this part must be answered and the appropriate	If yes, complete and attach Schedule IX.	Did you have any reportable agreement or arrangement with an outside entity?	If yes, complete and attach Schedule VIII.	Did you hold any reportable positions on or before the date of filing in the lift. current calendar year?	If yes, complete and attach Schedule VII.	Old you, your spouse, or a dependent child receive any reportable travel or II. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	If yes, complete and attach Schedule 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)?	QUESTIONS	Termination Date:	Officer Or Employing Office: Employee	(Daytime Telephone)		FORM A Page 1 of 6 For use by Members, officers, and employees	
	Yes No	Yes 🗌 No 🕢	SE QUESTIONS		and the appropriate		outside Yes 🗌 No 🗸		ing in the		le travel or lan \$350 Yes ✔ No ☐		legift in therwise Yes 🗌 No 🗸		more than 30 days late.	A \$200 penalty shall be assessed against anyone who files	(Office Use Only)	2013 MAY 15 PM 3: 11	DELIVERED	

SCHEDULE 1 - 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) totaling \$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. Tim Huelskamp Farms Source Farming Name Timothy Alan Huelskamp Type \$5,654 **Amount** Page 2 of 6

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Timothy Alan Huelskamp	Alan Huelskamp		Page 3 of 6
BLOCK A	вьоск в	BLOCK C	BLOCK D	вгоск Е
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. Exclude: Your personal residence, including second homes and vacation homes.	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 held solely by your spouse or dependent child.	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.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
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.	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.				
JT Gray County Farm SW1/4 30-29-27	\$100,001 - \$250,000	RENT/Other: (MINERAL LEASE)	\$15,001 - \$50,000	
Thrift Savings Plan C Fund Common Stock Index	\$15,001 - \$50,000	None/None	NONE	
Thrift Savings Plan G Fund Government Securities	\$15,001 - \$50,000	None/None	NONE	
SP Vanguard Mutual Fund 500 Index Fund Investor 1	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Vanguard Mutual Fund 500 Index Fund Investor 2	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
WR Advisors Asset Strategy A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME SP ŞP WR Ivy Dividend Opportunities A Resources A WR Ivy Global Natural WR Ivy Dividend Opportunities WR Advisors Vanguard A WR Advisors Value A \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 Name Timothy Alan Huelskamp DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS DIVIDENDS \$1 - \$200 \$1 - \$200 \$1 - \$200 \$1 - \$200 \$1 - \$200 Page 4 of 6

SCHEDULE V - LIABILITIES

Name Timothy Alan Huelskamp

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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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; 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 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

\$15,001 - \$50,000	Mortgage on property, Fowler, KS	December 2004	Golden Plains Credit Union, Garden City, KS	JT
\$100,001 - \$250,000	Mortgage on property, Hutchinson, KS	June 2011	New York Community Bank, Central Islip, NY	ΤĽ
Amount of Liability	Type of Liability	Date Liability Incurred	Creditor	SP, DC, JT

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Timothy Alan Huelskamp Page 6 of 6

spouse or dependent child that is totally independent of his or her relationship to you. 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, 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

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family ? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
Club for Growth	May 3-5	Wichita, KS - Orange County, CA	~	Y	Υ	None
Heritage Foundation	Jan. 25-26	Jan. 25-26 Washington, DC - Baltimore,	Υ	Y	Z	None