

| hild Yes No | Have you excluded from this report any other assets, "uneamed" 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. | ther assets, "uneamed" i nption? Do not answer " | | Exemptions | |
|--|---|--|---|----------------------------|----------|
| Yes No | 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? | approved by the Commit eport details of such a tr | Details regarding "Qualified Blind Trusts' disclosed. Have you excluded from this r | Trusts- | |
| Yes Uo | lai Public Offering? | located as a part of an ini | Did you purchase any shares that were allocated as a part of an initial Public Offering? | IPO- | |
| SE QUESTIONS | NFORMATION - ANSWER EACH OF THESE QUESTIONS | ENT, OR TRUST | IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION A | PO and EXC | <u> </u> |
| | schedule attached for each "Yes" response. | [| If yes, complete and attach Schedule V. | | |
| d and the appropriate | Each orderion in this part must be ensured | y Yes No W | Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? | V. (more than \$10,0 | _ |
| [| If yes, complete and attach Schedule IX. | [| period? If yes, complete and attach Schedule IV. | period? If yes, complet | |
| outside Yes No | Did you have any reportable agreement or arrangement with an outside IX. entity? | any Yes No | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting | Did you, your ap | |
| | If yes, complete and attach Schedule VIII. | | If yes, complete and attach Schedule III. | If yes, complet | |
| iling in the Yes V No | Old you hold any reportable positions on or before the date of filing in the VIII. current calendar year? | orth Yes No | Did you, your spouse, or a dependent child receive "unaarned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1 000 at the and of the neglect? | III. more than \$200 i | |
| | If yes, complete and attach Schedule VII. | | If yes, complete and attach Schedule II. | If yes, complet | |
| ble travel or han \$350 Yes 🔲 No 🔽 | Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one excurse)? | paying Yes No V | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or afficie in the reporting period? | | = |
| Transport of the second of the | If yes, complete and attach Schedule VI. | | if yes, complete and attach Sthedule I. | if yes, complet | |
| ble gift in therwise Yes No 🗸 | Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$360 and not otherwise exempts? | 1\$200 Yes ☑ No □ | Did you or your spouse have "elimed" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? | | .1 |
| | UESTIONS | - ANSWER EACH OF THESE QUESTIONS | PRELIMINARY INFORMATION ANSWER E | RELIMINAR | 77 |
| more than 30 days late. | Termination Date: | nt Termination | Annual (May 15) Amendment | Report Type | |
| A \$200 penalty shall be assessed against anyone who files | Employee Employing Office: | 8 2 | Member of the U.S. State: House of Representatives District: | Filer Status | |
| (Office Use Only) | | | (Full Name) | | au |
| HOUSE OF REFERENCE A PRINTER | U.S. | | Kevin Cramer | | |
| THIS MAY IN PH 5: 10 | FORM A Page 1 of 6 For use by Members, officers, and employees | SENTATIVES TATEMENT | UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT | UNITED ST | 1 |

SCHEDULE I - EARNED INCOME

| | Name Kevin Cramer | Page 2 of 6 |
|--|--|--|
| 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. | source (other than the filer's current employment urce and amount of any honoraria; list only the so | yment by the U.S. Government) totaling \$200 or more the source for other spouse earned income exceeding |
| Source | Туре | Amount |
| State of North Dakota Salary | γı | \$93,650,000 |
| University of Mary Spo | Spouse Salary | NA |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Cramer

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| | BLOCK A | BLOCK B | BLOCK C | BLOCK D | BLOCKE |
|---|--|---|--|---|--|
| A936 Identify (a) each value exceeding | Asset and/or income Source 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 reports the large which generated more than \$200 in | Year-End Value of Asset | Type of income Check all columns that apply. For retirement accounts that do not allow you to choose | Amount of Income For assets for which you checked "Tex-Deferred" in Block C, you may check the "None" column. | Transaction Indicate if asset had purchases (P), sales (S), or |
| Provide comple | Provide complete names of stocks and mutual funds (do not use ticker symbols.) | you use a valuation method other than fair market value, please | generate tax-deferred income (such as 401(k) plans or iRAs), you may check the "None" | category of income by checking the appropriate box below. Dividends, interest, and capital | exceeding \$1,000 in reporting year. |
| For all IRAs and each asset held | For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. | specify the method used. If an asset was sold during | column. Dividends, interest, and capital gains, even if reinvested, must be disclosed | gaine, even if reinvested, must be disclosed as income. Check "None" if no income was earned | |
| For rental or ott a description, e. | 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. | the reporting year and is included only because it | as income. Check "None" if the asset generated no income during the reporting period. | or generated. * This column is for income | |
| For an ownership in state the name of th location in Block A. | 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. | value should be "None." This column is for assets half solely by your snyues | - | generated by assets held solely by your spouse or dependent child. | |
| Exclude: Your p (unless there w: \$5,000 or less ir in, or income di Savings Plan. | 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. | or dependent child. | | | |
| If you so choose, you may indice spouse (SP) or dependent chik optional column on the far left. | If you so choose, you may indicate that an asset or income source is that of your apouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. | | | | |
| For a detailed discuinstruction booklet. | For a detailed discussion of Schedule ill requirements, please refer to the instruction booklet. | | | | |
| SP | AXA EQUITABLE Equitable Life Acct | \$1,001 - \$15,000 | None | NONE | |
| SP | INVESCO GLOBAL HEALTH CARE FUND - CLASS A | \$1,001 - \$15,000 | None | NONE | |
| | Modern Woodmen of America Whole Life Insurance | \$50,001 - \$100,000 | None | NONE | |
| SP | T. ROWE PRICE - Capital Appreciation | \$15,001 - \$50,000 | TAX-DEFERRED | NONE | |
| SP | T. ROWE PRICE - Growth Stock Fund | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| SP | T. ROWE PRICE -CAPITAL APPRECIATION FUND | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | · |
| | | | | | |

| SCHEDU | SCHEDULE III - ASSETS AND "UNEARNED" INCOME | E Name Kevin Cramer | amer | | Page 4 of 6 |
|--------|---|-----------------------|--------------|------|-------------|
| SP | T. ROWE PRICE -GROWTH STOCK FUND | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| d S | T. ROWE PRICE -Mid Cap Growth Fund | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| SP | T. ROWE PRICE MID-CAP GROWTH FUND | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| SP | T. ROWE PRICE -SCIENCE & TECHNOLOGY FUND | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| SP | TIAA-CREF -CREF Bond Market | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| | TIAA-CREF -CREF Equity Index | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| | TIAA-CREF -CREF Global Equities | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| SP | TIAA-CREF -CREF Global Equities | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| | TIAA-CREF -CREF Growth | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| SP | TIAA-CREF -CREF Inflation-Linked Bond | \$1 - \$1,000 | TAX-DEFERRED | NONE | |
| SP | TIAA-CREF -CREF Money Market | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| SP | TIAA-CREF -CREF Social Choice | \$1 - \$1,000 | TAX-DEFERRED | NONE | |
| SP | TIAA-CREF -CREF Stock | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |
| | TIAA-CREF -CREF Stock | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |

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| SCHEDUL | SCHEDULE III - ASSETS AND "UNEARNED" INCOME | E Name Kevin Cramer | amer | | Page 5 of 6 |
|---------|---|--------------------------|--------------|------|-------------|
| | TIAA-CREF -Lifecycle Fund | \$100,001 - \$250,000 | TAX-DEFERRED | NONE | |
| SP | TIAA-CREF -TIAA Traditional | \$1,001 - \$15,000 | TAX-DEFERRED | NONE | |

SCHEDULE VIII - POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educations for other institution other than the linited States. Exclude: Desitions held in any religious social fraternal or nolltical antities: positions solely of an

Name Kevin Cramer

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| honorary nature; and positions listed on Schedule I. | honorary nature; and positions listed on Schedule I. |
|--|--|
| Position | Name of Organization |
| Trustee | University of Mary |