

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2013 MAY 15 PM 2:45

U.S. HOUSE OF REPRESENTATIVES

MC

Name: Michael Richard Porro Daytime Telephone _____

**HAND
DELIVERED**
Office Use Only

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>KS</u> District: <u>4</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2013)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name MICHAEL RICHARD DUMPER Page 2 of 10

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

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 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 envelope for transmitting the list is included in each Member's filing package.

[illegible]

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BLOCK D

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

and capital gains, even if reinvested, must be disclosed as income. Check "None" if

* This column is for income generated by assets held solely by your spouse or if no income was earned or generated.

	dependent child.
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[illegible]

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[illegible][illegible]

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Mr. & Mrs. Richard R. R. R.

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Continuation Sheet (if needed)

BLOCK A		BLOCK B													BLOCK C							BLOCK D												BLOCK E		
Asset and/or Income Source		Year-End Value of Asset													Type of Income							Amount of Income												Transaction		
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
		None	\$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	Spouse/DC Asset over \$1,000,000*									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*		
	IRVING TRUST CO. (1914)																																			
	VALUANT - PRIME MORT (1914)																																			
	EMERSON BANK - IRA																																			
	INVESTED																																			
	ARMED SMALL CAP																																			
	DEA FUND																																			
	INVEST (CORE)																																			
	ST. MORGAN Large Cap																																			
	T. BOWE PRICE EQUITY																																			
	VALUANT MID CAP																																			
	CS Mid Income Yield																																			
	VALUANT INV. GRADE																																			
	SPDR GOLD SHARES																																			
	NW MONEY MKT																																			
	DIVID TOTAL RND																																			
	VALUANT MKT																																			
	VALUANT ENERGY FUND																																			
	VALUANT TOTAL BOND MKT																																			
	(ADJUST OF VALUANT (1914))																																			

(1) PARTIAL SALE
(5) PARTIAL SALE

SCHEDULE IV—TRANSACTIONS

Name Michael Richard Pappas Page 6 of 14

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **It only a portion of an asset is sold, please so indicate (i.e., "partial sale").** See example below.

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.

* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT SP	Asset	Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		PURCHASE	SALE	EXCHANGE			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
	Example: Mega Corporation Common Stock (partial sale)		X			10-12-12		X									
	VCD VYMA TIL STE MKT		X			7-15-12	X										
	PHIL HUNT	X				12-19-12	X										
	AMERICAN CENTURY (GEORGE FA) (527/144)		X			12-11-12	X										
	VCD FUNDS																
	GEORGE FA		X			7-5-12	X										
	HE-YLD AB		X			7-5-12	X										
	HEALTHCARE FA		X			7-5-12	X										
	IASA FA		X			9-6-12	X										
	TOTAL STE MKT		X			9-6-12	X										
	TOTAL AB MKT		X			9-6-12	X										
	REIT FUNDS		X			9-6-12	X										
	LOWE TOTH AB		X			7-5-12	X										
	EUROPEAN MKT		X			9-6-12	X										
	HE-YLD AB		X			7-5-12	X										

Name Michael Richard Powers Page 7 of 10

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.

* This column is for assets solely held by your spouse or dependent child.

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SCHEDULE V— LIABILITIES

Name Michael Richard Pardo

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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 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 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 for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$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*
ST	CARROLL FARMAN SAVINGS		MORTGAGE ON 1300 PERRY CT.				X							

SCHEDULE VI— GIFTS

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

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
None		

Name Michael Richard Apple Page 9 of 10

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

[illegible]

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 other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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
None	

Name MICHAEL RICHARD BOHREO

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SCHEDULE IX—AGREEMENTS

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.

Date	Parties To	Terms of Agreement
	None	