	,				=			
<b>₽</b> ⊑	VITED S	UNITED STATES HOUSE OF REPRESENTATICALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	OF REPRESENTATIVES DISCLOSURE STATEMENT	ATIVES ent	FORM A For use by Membe	Page 1 of 4 employees	MANU DELIVERED	
		i I					LEGISI ATIVE RESOURCE CLAIL:	
		Trer	Trent Franks			202-225-4576	2012 MAY -9 PM 5: 28	<u></u>
		(Fı	(Full Name)			(Daytime Telephone)	(Office Use Only)	-
ω _	Filer Status	✓ Member of the U.S. House of Representatives	State: AZ  tives District: 02		Officer Or Employee	Employing Office:	A \$200 penalty shall be assessed against	
ري .	Report Type	Annual (May 15)	☐ Amendment	☐ Termination		Termination Date:	more than 30 days late.	
PR	ELIMINĀ	PRELIMINARY INFORMATION -	ANSWER EACH OF THESE QUESTIONS	)F THESE (	QUESTIONS			
	Did you or your or more from ar	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	g., salaries or fees) of \$200	Yes 🗌 No 🗸	Did you, you VI. the reporting exempt)?	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)?	derwise Yes ☐ No ✔	
	If yes, comple	If yes, complete and attach Schedule I.			If yes, complete and	plete and attach Schedule VI.	****	
=	Did any individu you for a speec	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?	on to charity in lieu of paying porting period? Yes	No C	Old you, your spou VII. reimbursements fo from one source)?	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)?	ble travel or han \$350 Yes 💟 No 🗌	
	lf yes, comple Did vou. vour si	If yes, complete and attach Schedule II.  Did you, your spouse, or a dependent child receive "unearned" income of	ve "unearned" income of		Did you hold any report	If yes, complete and attach Schedule VII.  Did you hold any reportable positions on or before the date of filing in the	ling in the	
F	more than \$200 more than \$1,00 lf yes, comple	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.	ny reportable asset worth Yes	No	VIII. current calendar year?  If yes, complete and	plete and attach Schedule VIII.	Yes 🖳 No	
₹.	Did you, your sp reportable asse	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	se, sell, or exchange any oduring the reporting Yes	8 	Did you have IX. entity?	Did you have any reportable agreement or arrangement with an outside entity?	outside  Yes   No	
	period? If yes, comple	period? If yes, complete and attach Schedule IV.			If yes, complete and	plete and attach Schedule IX.	1	
<b>.</b>	Did you, your sp (more than \$10,	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	any reportable liability Yes	**	Each que	Each question in this part must be answered and the appropriate	and the appropriate	
	lf yes, comple	If yes, complete and attach Schedule V.			schedule	schedule attached for each "Yes" response.		
Ŋ	CLUSION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER	ENDENT, OR TRUS	T INFORM.	ATION - AN	SWER EACH OF THESE QUESTIONS	STIONS	
	Trusts-	Details regarding "Qua disclosed. Have you e	lified Blind Trusts" approve	d by the Commit ails of such a tr	ttee on Ethics and ust benefiting you	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 □ No ☑	
	Exemptions-	•	Have you excluded from this report any other assets, "unearned" income, transactions, or lial because they meet all three tests for exemption? Do not answer "yes" unless you have first or	່ຮ, "unearned" ii ່ງວ not answer "ງ	ncome, transactio /es" unless you ha	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.	hild thics. Yes ☐ No ✔	

		21 227 2	-: >>; >	
	BLOCK A	BLOCK B	BLOCK C	
Ass Identify (a) eac value exceedin reportable ass "unearmed" inc	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.	Year-End Value of Asset At close of reporting year. If you use a valuation	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that conserve the deferred income	Amount of Income 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
Provide compl	Provide complets names of stocks and mutual funds (do not use ticker symbols.)	method other than fair market value, please	generate tax-deterred income (such as 401(k) plans or IRAs), you may check the "None"	plans or IKAS), you may check the "None" column. For all other assets indicate the category of
For all IRAs an (i.e.,plans in winvestments), I reporting three	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide the second of the contractive of the institution of the second of th	specity the literature used.  If an asset was sold and is included only because it is generated income, the value should be "None."	column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check months asset no income.	income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check
For rental or other	For rental or other real property held for investment, provide a complete address.			or generated.
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 publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.			
Exclude: Your (unless there w \$5,000 or less in, or income d 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.			
If you so choos spouse (SP) or optional colum	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.			
	Note payable from Providence Petroleum for Liberty Petroleum Stock	\$500,001 - \$1,000,000	Capital Gains	\$100,001 - \$1,000,000
	Note payable from Trinity Petrolum Providence Trust	\$1,000,001 - \$5,000,000	Capital Gains	NONE
	Providence Trust	\$5,000,001 - \$25,000,000	Capital Gains	NONE
	Trinity Petroleum Stock	\$5,000,001 - \$25,000,000	Capital Gains	NONE
	U.S. Patents for LP 1000 Life Pager	\$100,001 - \$250,000	None	NONE

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

| Name Trent Franks

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

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family g? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
The Heritage Foundation	Jan 27-29	DC-Los Angeles-Phoenix	Y	٨	Z	none
International Institute for Counter Terrorism	Sept 10-12	Sept 10-12 DC-Tel Aviv-DC	~	<b>→</b>	Z	none

## **SCHEDULE VIII - POSITIONS**

Name Trent Franks

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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 educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Americans For Military Readiness
Board Member	Heartline Ministries
Board Member	Children's Hope Scholarship Foundation