

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

<input type="checkbox"/> Amendment			
Last Name		First Name and Middle Initial	
Boozman		John N.	
Senate Office Address (Number, Street, City, State, and ZIP Code)		Senate Office Telephone Number (Include Area Code)	
Office of Senator Boozman		202-224-4843	
Annual Report		Termination Report	
Calendar Year Covered by Report		Senate Office / Agency in Which Employed	
2014		141 HART	
Termination Date (mm/dd/yy)		Prior Office / Agency in Which Employed	

AFTER READING THE INSTRUCTIONS – ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
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 PART I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$375 from one source)? If Yes, complete and attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income totaling \$200 or more from any reportable source in the reporting period? If Yes, complete and attach PART II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete & attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, complete and attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, complete and attach PART IV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$375 and not otherwise exempt)? If Yes, complete and attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, complete and attach PART X.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Each question must be answered and the appropriate PART attached for each "YES" response.

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Do Not Write Below this Line

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CLERK OF THE SENATE
JAN 15 AM 10:07

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**BLOCK A****Identity of Publicly Traded Assets
And Unearned Income Sources**

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child. (See p.3, **CONTENTS OF REPORTS, Part B of Instructions**) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment fund, bank account, excepted and qualified blind trust, and publicly traded asset of a retirement plan.

BLOCK B**Valuation of Assets**

At the close of reporting period.
If None, or less than \$1,001,
check the first column.

BLOCK C**Type and Amount of Income**

		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																						
		At the close of reporting period. If None, or less than \$1,001, check the first column.										Type of Income							Amount of Income															
		None (or less than \$1,001)	\$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	Over \$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	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$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	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
Example:	S, IBM Corp. (stock)			X										X								Example	X										Example	
	(S) Keystone Fund				X													X				Example	X										Example	
1	J - Arvest checking		X														X					X												
2	J - Fed Credit Union - checking	X															X					X												
3	J - Fed Credit Union - savings		X												X							X												
4	Senate Credit Union - checking	X															X					X												
5	S - Region Bank (IRA) Cash account	X												X								X												
6	J - INVESCO short term TRES MM	X															X					X												
7	J - ABG Muni Bond Fund			X														X							X									
8	J - ABG Equity Fund		X												X		X	X					X											
9	John Boozman IRA* MM								X					X								X												
10	* INVESCO short term TRES																																	

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																				
Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS, Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment fund, bank account, excepted and qualified blind trust, and publicly traded asset of a retirement plan.		At the close of reporting period. If None, or less than \$1,001, check the first column.																														
												Type of Income								Amount of Income												
		None (or less than \$1,001)	\$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	Over \$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	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$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	Over \$1,000,000***	\$1,000,001 - \$5,000,000
S, Example: DC, or J	IBM Corp. (stock)			X									X								Example	X										Example
	(S) Keystone Fund				X													X			Example	X										Example
11	* EQUITY INVESTMENTS																															
12	* FIXED INCOME INVESTMENTS																															
3																																
4																																
5																																
6																																
7																																
8																																
9																																
10																																

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
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PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions) for the production of income or investment in a <u>non-public</u> trade or business which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.		BLOCK B Valuation of Assets At the close of reporting period. If None, or less than \$1,001, check the first column.										BLOCK C Type and Amount of Income																					
												Type of Income							Amount of Income														
		None (or less than \$1,001)	\$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	Over \$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	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$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	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000
S, Example: DC, or J	JP Computer, Software Design, Wash DC			X										X							Example		X										Example
	Undeveloped land, Dubuque, Iowa				X								X								Example	X											Example
1	J-Catswabs Partners LLC																																
2	Rogers, AR																																
3	Subdivision Lots,* attachment						X						X									X											
4	Northwestern Mutual Whole Life		X										X										X										
5																																	
6																																	
7																																	
8																																	
9																																	
10																																	

Cotsuualds Partners, LLC

* attachment

Subdivision lots

lots		\$15,000 -	\$50,000
G	"	"	"
H	"	"	"
L	"	"	"
M	"	"	"
N	"	"	"
O	"	"	"
P	"	"	"
Q	"	"	"
S	"	"	"
T	"	"	"
U	"	"	"
V	"	"	"
W	"	"	"
X	"	"	"
Y	"	"	"
Z	"	"	"
AA	"	"	"
BB	"	"	"
CC	"	"	"
DD	"	"	"
EE	"	"	"
HH	"	"	"
II	"	"	"

PART VII. LIABILITIES

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) mortgages on your personal residences unless rented (**except for Senators**); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

Name of Creditor		Address	Type of Liability			Dis Mort	T	\$10,00	\$15,00	\$50,00	\$100,0	\$250,0	\$500,0	Over \$	\$1,000	\$5,000	\$25,00	Over \$
Example: S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	2002	13%	1 pt	25 yrs			X		E	X	A	M	P	L	E
	(J) John Jones	Wash., DC	Promissory Note	2010	10%	n/a	On dmd				X	E	X	A	M	P	L	E
1	ARVEST BANK	Rogers, AR	mortgage	2012	4.25	0	28 yrs					X						
2	ARVEST BANK	Rogers, AR	home equity loan	2013	3.7	0	5 yrs			X								
3	ARVEST BANK	Rogers, AR	mortgage on undeveloped land	2013	3.0	0	2 yrs					X						
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		

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PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY,NY EXAMPLE	Non-profit education	President	6 / 01	Present
	Jones & Smith	Hometown, USA EXAMPLE	Law Firm	Partner	7 / 06	11 / 1X
1	Cotswold Partners LLC	Rogers AR	Real Estate Development	Partner	3 / 8	Present
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Compensation totaling \$200 or more from any position must be reported in Part II.