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Last Name	First Name and Middle Initial		Annual Report			
Barrasso	John A		Calendar Year Covered by Report 2012	Senate Office / Agency in Which Employed Senator John Barrasso		
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number	Number (Include Area Code)	9) Termination Report			
307 Dirksen Senate Office Building Washington, DC 20510			Termination	Prior Office / Agency in Which Employed		
AFTER READING THE INSTRUCT	TIONS - ANSWER	EACH OF	THESE QUESTIONS A	ND ATTACH THE RELEVA	VANT PA	RT
	Y	res no			YES	õ
Did any individual or organization make a donation to c paying you for a speech, appearance, or article in the r If Yes, complete and attach PART I.	e a donation to charity in lieu of or article in the reporting period?	X	Did you, your spouse, or dependent child receive reimbursements for travel in the reporting period \$350 from one source)? If Yes, complete and attach PART VI.	shild receive any reportable travel or ting period (i.e., worth more than		X
Did you or your spouse have earned income (e.g., salaries or fees) or not investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II.	aries or fees) or non- able source in the		pouse, or de ,000) during e and attach	hild have any reportable liability ling period?		
	ortable asset worth inearned or period?		Did you hold any reportable positions current calendar year? If Yes, complete and attach PART VIII	on or before the date of filing in the		X
Did you, your spouse, or dependent child purchase, sell, or exchare portable asset worth more than \$1,000 in the reporting period? If Yes, complete and attach PART IV.	ll, or exchange any III or exchange any III		Do you have any reportable agreement entity? If Yes, complete and attach PART IX.	nt or arrangement with an outside		
Did you, your spouse, or dependent child receive any reportable gift reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If Yes, complete and attach PART V.	eportable gift in the not otherwise	X	If this is your FIRST Report: Did you \$5,000 from a single source in the two If Yes, complete and attach PART X.	ou receive compensation of more than two prior years?	SECR	
Ŭ	e answered and t	he approp	riate PART attached for	each "YES" response	ETAR	
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Page Number	7	
PART II. EARNED AND NON-INVESTMENT INCOME		
John Barracen		

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the

	U.S. Government for you or your spouse.	SON EN SON REPORTS	Part B of Instructions.) Do not report	<u>.</u>	come from employment by the
	Individuals not covered by the Honoraria Ban: For you and /or your spouse, report honoraria income received which aggregates \$200 or (speech, appearance or article) generating such honoraria payment. Do not include paym	I which aggregates \$20 ment. Do not include p	more by exact amount, ents in lieu of honoraria	date of, on Pa⊓	and describe the activity
	Name of Income Source	Address	s (City, State)	Type of Income	Amount
	JP Computers	Wash., DC	Example	Salary Example	\$15.000
	MCI (Spouse)	Artington, VA	Example		Over \$1,000
<u>←</u>	Casper Orthopaedics Associates, PC (see Part IX)	Casper, WY		Partnership Distribution	\$13,766
7	Wyoming Surgical Center, LLC (see Part IX)	Casper, WY		Partnership Distribution	\$19,625
ო	Tanner Companies (Spouse)	Rutherfordton, NC		Salary	\$1,000
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Although ground   Although g	Identity (	rade			Val	uat	o g		sset	တ				İ				İ	-	e an	A P	Ş ĕ	ر ان کو را	2					1		
Type of Income	Report the co	e of each		₹=	f No.		SS		19 pe \$1,0€	riod. )1,			_	If "No	_	r le		8	_	Checked	5 E	ther (	entry to th		efit o	n Bl	ock indiv	for t	hat it	•	<b>,</b> 0
Name   Control   Name	your depend	, your spous ee p.3.													Ty	)e	_	0	9					Ā	_	nt o	Ę	ΝŠ	٥		ł
First Interstate Bank (Checking Account)	CONTENTS Instructions) investment w (1) had a v (1) had a v close of t close of t income d in	875 Part ion of ince ding \$1,00 ding \$1,00 g period; 90 in "une porting p p p p p p p p p p p p p p p p p p p	<del></del>	915,001 - \$50,000	000'001\$ - 100'09\$				······································									Excepted Trust	Qualified Blind Trust	Other (Specify Type)		· · · · · · · · · · · · · · · · · · ·			000,02\$ - 100,31\$	000'001\$ - 100'09\$					• <del>• •</del> • • • •
Tamarack Prime Money Market Fund (RA)   X   X   X   X   X   X   X   X   X	S, Example: DC,	IBM Corp.			×		$\dashv$				,		H	H						Example		Ļ	_				┢	┢	┞	Exam	nple
First Interstate Bank (Checking Account)	Or J	Keystone F				×	$\dashv$	-	_	_							×			Example	×	$\vdash$	H	_				+	<del> </del>	Exam	apte
First Interstate Bank (Checking Account)		ney Market Fund	×									<b></b> -			×				-	. •	×										ł
Vanguard Total Stock Market Fund Admiral Shares   Vanguard Prime Money Market Fund (RT FD)		Bank (Checking Acco		×										ļ	×				<del>                                     </del>		×	├	<u> </u>					-	<del> </del>		
Vanguard Total Stock Market Index Fund Admiral Shares         X		(Checking ,	×				<u> </u>		ļ . <u> </u>			<del>                                     </del>	<u> </u>		×				<del>                                     </del>		×	╂			<u> </u>	<del> </del>		+	┼-		
Vanguard Prime Money Market Fund (RT FD)         X		ket Index Fund Admiral							×				<del>                                     </del>		<u> </u>				$\vdash$		-	<del> </del>	<u> </u>		×	$\top$	+	+	+		
Shares (RT FD)   Shar		ey Market Fund (RT				×							<del> </del>	<del>                                     </del>	×						×		-			1	<del> </del>	<del>                                     </del>			
Berkshire Hathaway (Stock) (IRA)       x       x       x         Vanguard Fax Exempt Money Market Fund       x       x       x         Vanguard Real Estate Investment Trust Index Fund Admiral       x       x       x         Shares (RT Fb)       x       x       x       x         Shares (RT Fb)       x       x       x       x		and Total Inflation Protection Securities Fund Admiral (RT FD)			<del></del> -		<u> </u>				_		<u> ×</u>	_					<del>                                     </del>		<del> </del>		-	×	-		┼	-	╂—		
Vanguard Tax Exempt Money Market Fund     X     X     X       Vanguard Real Estate Investment Trust Index Fund Admiral     X     X     X       Shares (RT FD)     X     X     X		Hathaway (Stock) (IR		_		×	-						U	<u> </u>					<del>                                     </del>		×	<del> </del>	<u> </u>			<del>                                     </del>	+	-	┼		
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And the Part of Precional Formation of Income	<i>∓</i> >	raded asst our depen	d by you, your spouse, child. (See n.3		ŀ	' <b> </b>		5 <b>b</b>	ត	3								/pe		20	me							\mo	unt	t of	밀	ome	4		
Mells Fargo Bank (Checking Account)   X		CONTENT  Instructions  Instruc	**ORTS Part B of uction of income uction of income ring period; and/\$200 in "unearne reporting perioc public bond, mut public bond, mut partnership interefunds, bank aded assets of a aded assets of a	· · · · · · · · · · · · · · · · · · ·	<del></del>	······································	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	000,000,8\$ - 100,000,1\$	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000		·	- tocactal	····						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		······································	900,21\$ - 100,2\$	\$15,001 - \$50,000	000'001\$ - 100'09\$	000,000,1\$ - 100,001\$	A***000,000, L\$ 19VO	\$1,000,001 - \$5,000,000 Over \$5,000,000		Actual Amount if "Other" Specified
Wells Fargo Bank (Checking Account)   X	Ú		IBM Corp.		$\downarrow$	×	-									×	H	H	${\mathbb H}$		$\vdash \vdash$	Exan	əjdι		×					$\vdash$				ű)	Example
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	Reporting Individual's Name	PART IIIR NON-PIIRI ICI V T	DANED ACE	TO AND UNITAR			13	Page Nur	ледш
	Carrasso		250	אבאוט טאבא			SOURCES	2	
<del></del>	BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources Report the name, address (city, state and	Valuation of Assets  At the close of reporting period. If None, or less than \$1,001,		Type a	BLOCK C and Amount	c t of Income	e e		
	description) of each interest held by you, your spouse, or your dependent child (See	) 	Type	of Income		Amo	unt of Income		T
	CONTENTS OF actions) for the properties of the p								
	ling \$1,000	000		Other	()				ctual
_	(2) generated over \$200 in "unearned" income during the reporting period.	000 000'00 000'00 22'000'0	000			0(	000,000	- A	quired
	report for each which is not inci- ss. Publicty tra	(or less)		Led Invested Trust ed Blind	or less th \$1,000 \$2,500	000,2 <b>%</b> -	0,032 - 1 0,08 - 1 0,12 - 10 00,000,1	000,000,0	ther"
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	Wyoming Orthopaedics Institu			Didition 1		+		Exa	Example
7	Casper, WY	<b>X</b>	×			<u>×</u>			_
က	Undeveloped Land Casper, WY     (land subdivided to create TOPOL-future sale)	<b>X</b>	×		×				
4	3. Dr. Steven O (accounts receiv	×	×		×				Τ
5	4. Dr. Matthew Mitchell Casper, WY (accounts receivable-see Part IX)		×		<b>×</b>				
9	5. Dr. Damlen Yekel Casper, WY (accounts receivable-see Part IX)	<b>X</b>	×		×		-		T
7	6. Dr. Matthew Gorman Casper, WY (accounts receivable-see Part IX)	<b>X</b>	×			×			
8	Casper Orthopaedics Associates, PC Casper, WY (accounts receivable-see Part IX)	<b>X</b>		Partmership Distribution				\$13,	992
6		<b>X</b>		Partnership Distribution				1 &	,625
9	Promissory Note (see Part IX)	*	×			×			
Ωŧ.	EXEMPTION TEST (see instructions before marking box): If *** This category applies only if the asset is/was held indepe	you omitted any asset because it meets the three-part ndently by the spouse or dependent child. If the asset	test for exemption descis/was either held by the	sscribed in the instructions, plea	ase check box	to the right.	A sporozote		
				or town of more, one	5	es or value,	as appropriate.	4	7

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									mom	int of		ransa	ction	ĮΞ		
IL O	sport ar	y purcha p.3 CON	sale, or exchange by you, your spouse, or dependent NTS OF REPORTS Part B of Instructions) during the	Tran	saction pe (x)					<u> </u>						
<u> </u>	pording Ser se	s wh	stocks, bonds, commodity futures, and he transaction exceeded \$1,000.	, <u> </u>							<del></del> -		000	000,0	000'00	
<u> </u>	involving p involving p between y	แสกรสตแอกร เกลเ resulteg เก a g property used solely as your ז you, your spouse, or depend	Is that resulted in a loss. Do not report a transaction used solely as your personal residence, or a transaction spouse, or dependent child. Please clarify which two			בַּי	000	<del></del> -		_		***000	,000,24	000'9Z\$	00'09\$	000'
٥	properties	are invo	ble exchange.	hase		ange	'SI\$-I	09\$ - 10	7\$ - 100 71\$ - 10	\$\$ - LOO	L\$ - LOO	000,14	- 100,0	- 100,0	- 100,00	000'099
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		j (DC) Mi	SDAQ/OTC		×	1/27/1X		-	×	ш	×	< <	Σ	_	1-	л ш
_	*	Wyoming Orthopaedics Institute, LLC (Real Estate Partnership)	Estate Partnership) Commercial Real Estate Casper, WY		×	7/1/12		<del> </del>	_	<u> </u>	×					T
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.000000	Reporting Individual's Name

Amendment

<u> </u>	John Barrasso	asso			PARTV	VII. LIA	BILIT	IES								,	7		
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- raccar	Keport liable p.3 CONTE lime during perented (excluriture or lustructions linstructions	Ilities INTS Ent f ept f appli Appli Se	over \$10,0 OF REPOI eporting pe or Senator ances; and e Instructio	00 owed by you, your spouse, or dependent RTS Part B of Instructions), to any one crediriod. Check the highest amount owed durin (1) Mortgages on your personal residences (2) loans secured by automobiles, house (3) liabilities owed to certain relatives listed ns for reporting revolving charge accounts.	ouse, or dependent child (See s), to any one creditor at any amount owed during the residences unless automobiles, household tain relatives listed in charge accounts.	Date Incurred	Interest Rate	count Points Paid for gage (Senators Only)	Term if Applicable	000°91\$ - 10	000'00L\$ - L	01 - \$250,000	000'009\$ - 10	000,000,1\$ - 10	***000,000,r	000,000,3\$ - 100,	000,000,32\$ - 100,	000,000,000	ן אוואיאיאיארן
	Nai	Name of	Creditor	Address	Type of Liability				_	<del>_</del>	·.			0'009\$	Over \$	<del></del>			(L) 12.3 b C.z
	Example: D	ري اکر	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs	<del> </del>	ľ	┺	—	×	⋖	-			
			(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a			_	×	Ш	×	⋖	↓—		╅╾╼	
-	<u>\$</u>	Wells Farg	go Home Mortgage	Des Moines, IA	Mortgage-Refinance		3.75%	n/a	10/1 ARM	_	<b> </b>	ļ		×		┿	T	-	■
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ω̈́ŧ	EXEMPTION T	EST (se	·녹 굳	e instructions before marking box): If you omitted any only if the asset is/was held independently by the spouse	Iny asset because it meets the three-part test use or dependent child. If the asset is/was either	₽ Pe	exemption des Id by the filer or	cribed in jointly hel	the instruction d, use the other	s, pleas catego	se che	ck box	c to	the right. appropriate.	it.	┨	-		

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Reporting Individual's Name John Barrasso

PART IX. AGREEMENTS OR ARRANGEMENTS

Page Number

Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book or sale of other intellectual property), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.

1				
	Statu	Status and Terms of any Agreement or Arrangement	Parties	Date
Ш	Example: Pursuant to partner share calculated or independently man		Jones & Smith, Hometown, USA Example	1/94
	Employment agree agreement include options	Employment agreement with XYZ Co. to become Vice President of Government Relations. Terms of agreement include salary between \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock options	XYZ Co., Bethesda, MD Example	1/1X
-	Pursuant to partnership agreement a	ment all departing physicians must sell ownership of Casper Orthopaedics Associates, PC at the time of departure.	Casper Orthopaedics Associates, PC Casper, WY	10/84
2	cont. Periodic payout is based on pre-c	n pre-determined valuation of assets. Payout will begin on October 1, 2007 through September 2012 in monthly payments.		
က	Pursuant to partnership agreement	agreement all departing physicians must sell ownership of Wyoming Surgical Center, LLC at the time of departure.	Wyoming Surgical Center, LLC Casper, WY	10/84
4	cont. Periodic payout is based on pre-d	n pre-determined valuation of assets. Payout will begin on October 1, 2007 through September 2017 in annual payments.		
ည	Dr. Steven Orcutt is currently buying into the real of 2014.	the real estate partnership of Wyoming Orthopaedics Institute, LLC and paying each partner quarterly over a 10 year purchase period to end on October 1,	Wyoming Orthopaedics Institute, LLC Casper, WY	10/02
ဖ	Dr. Matthew Mitchell is currently buying into the repenalty. Paid in full CY 2012.	to the real estate partnership of Wyoming Orthopaedics Institute, LLC and paying each partner over a 10 year purchase period but allowed to prepay without	Wyoming Orthopaedics Institute, LLC Casper, WY	10/08
7	Dr. Matthew Gorman is currently buying into the real	the real estate partnership of Wyoming Orthopaedics Institute, LLC and paying each partner over a 10 year purchase period but allowed to prepay without penalty.	Wyoming Orthopaedics Institute, LLC Casper, WY	10/08
ထ	Dr. Damien Yakel is currently buying into the real or penalty. Paid in full CY 2012.	Damien Yakel is currently buying into the real estate partnership of Wyoming Orthopaedics Institute, LLC and paying each partner over a 10 year purchase period but allowed to prepay without latty. Paid in full CY 2012.	Wyoming Orthopaedics Institute, LLC Casper, WY	10/08
ဝ	Entered into a Promissory Note with Wyoming C	Entered into a Promissory Note with Wyoming Orthopaedics Institute, LLC for the sale of the Commercial Real Estate portion to be paid over 10 years. Promissory Note bearing 7% interest,	Wyoming Orthopaedics Institute, LLC Casper, WY	7/12
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