

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

☐ Amendment

Last Name	First Name and Middle Initial	Annual Report	
Moran	Jerry	Calendar Year Covered by Report 2012	Senate Office / Agency in Which Employed Senator Jerry Moran
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report	
SR 361A, Washington, DC 20510	202-224-6521	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 \$350 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 of more than \$200 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 \$350 and not otherwise exempt)? If Yes, complete and attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>If this is your FIRST Report:</u> Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> 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.

<p style="font-size: 2em; margin: 0;">a7</p>	<p>FOR OFFICIAL USE ONLY Do Not Write Below this Line</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED SECRETARY OF THE SENATE 13 MAY 15 PM 2:21</p> </div>
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Reporting Individual's Name

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Jerry Moran

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

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BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		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)
Example:	S, IBM Corp. (stock)				X									X							Example		X										Example
	(S) Keystone Fund					X												X			Example	X											Example
1	Pfizer Inc. (Stock)		X											X									X										
2	Capital Income Builder A (Mutual Fund)					X								X													X						
3	First Clearing Money Market		X													X						X											
4	Fidelity Growth Opportunity T (Mutual Fund)		X																			X											
5	Income Fund of America B (Mutual Fund)		X											X									X										
6	Income Fund of America A (Mutual Fund)		X											X									X										
7	Hanston Insurance Agency (Stock) (at cost)					X								X											X								
8	First Trust Co of Onaga Money Market			X												X						X											
9	J Boeing Company (Stock)		X											X									X										
10	J Chevron Texaco (Stock)			X										X									X										

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.

☐

Reporting Individual's Name

☐ Amendment**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

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Jerry Moran

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 this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets 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**

		Type of Income										Amount of Income										Actual Amount Required if "Other" Specified
		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	
Example: S, DC, or J																						
IBM Corp. (stock)			X							Example		X										Example
(S) Keystone Fund							X			Example	X											Example
1	J		X											X								
2	J		X								X											
3	J		X									X										
4	J	X									X											
5	J	X			X						X											
6	S										X											
7	S		X			X						X										
8	S		X									X										
9	S		X			X						X										
10	S	X			X						X											

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 IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

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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 this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets 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
S, IBM Corp. (stock)				X										X								Example		X									Example	
Example: DC, or J (S) Keystone Fund					X														X			Example	X										Example	
1	S Income Fund of America A (Mutual Fund)	X												X										X										
2	Investment Company of America A (Mutual Fund)			X										X				X							X									
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 IV. TRANSACTIONS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Identification of Assets			Pu	Sa	Ex		\$1,	\$11,	\$50,	\$100,	\$250,	\$500,	Ov	\$1,	\$5,	\$25,	Ov
Example:	S, DC, or J	IBM Corp. (stock) NYSE	X			2 / 1 / 1X		X			E	X	A	M	P	L	E
		(DC) Microsoft (stock) NASDAQ/OTC		X		1 / 27 / 1X				X	E	X	A	M	P	L	E
1	S	Investment Company of America B (Mutual Fund) exchanged for item # 2 below			X	2/12/12	X										
2	S	Investment Company of America A (Mutual Fund)			X	2/12/12	X										
3	S	Capital Income Builder B (Mutual Fund) exchanged for item #4 below			X	2/12/12	X										
4	S	Capital Income Builder A (Mutual Fund)			X	2/12/12	X										
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

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PART VII. LIABILITIES

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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.

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.				Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	Category of Amount of Value (x)											
Name of Creditor		Address	Type of Liability					\$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	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	
Example: S, DC, or J	First District Bank		Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			X		E	X	A	M	P	L	E
	(J) John Jones		Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X	E	X	A	M	P	L	E
1	J	Bank of Hays	Hays, KS	Refinance of Personal Residence (home sold and liability paid off in June of 2012)	2011	4.85%	n/a	7 years			X								
2	J	Bank of Hays	Hays, KS	Home Equity Loan	2012	5%	n/a	10 years		X									
3	J	U.S. Bank Home Mortgage	Owensboro, KY	Mortgage	2012	2.875%	n/a	10 years				X							
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			

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PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

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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 / 91	Present
	Jones & Smith	Hometown, USA EXAMPLE	Law Firm	Partner	7 / 96	11 / 1X
1	Fort Hays State University Foundation	Hays, KS	State University, non-profit fundraising arm	Trustee/Board Member	1987	Present
2	University of Kansas School of Law	Lawrence, KS	State University	Governor	1990	Present
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Compensation in excess of \$200 from any position must be reported in Part II.