

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

☐ Amendment

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report:	Senate Office / Agency in Which Employed
Klobuchar	Amy J.	2011	United States Senator/U.S. Senate
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report Termination Date (mm/dd/yy):	Prior Office / Agency in Which Employed
302 Hart Senate Office Building Washington, D.C. 20510	202-224-3244		

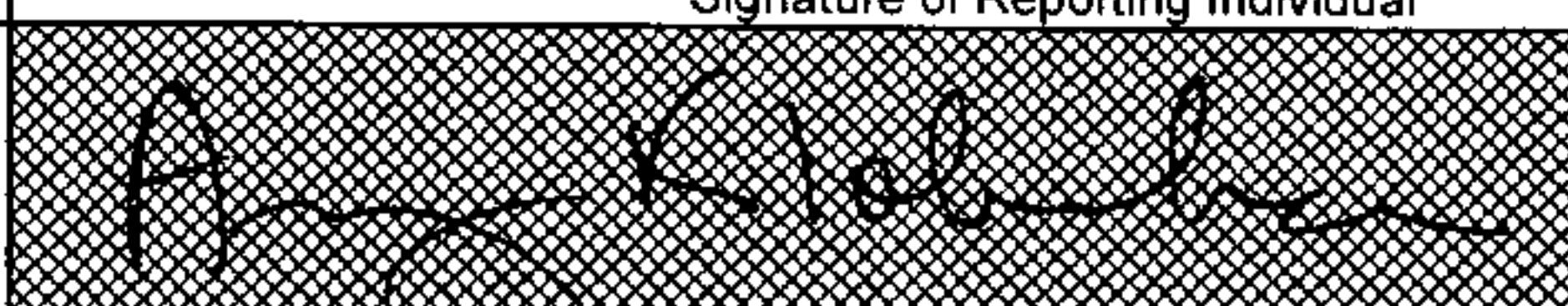
AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>	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 type="checkbox"/>

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

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4, § 104, and 18 U.S.C. § 1001.)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/12
For Official Use Only - Do Not Write Below This Line		
It is the opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)

**FOR OFFICIAL USE ONLY
Do Not Write Below this Line**

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SECRETARY OF THE SENATE
PUBLIC RECORDS
12 MAY 15 PM 1:50

Amy Klobuchar

PART II. EARNED AND NON-INVESTMENT INCOME

2

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.

Individuals not covered by the Honoraria Ban:

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1	State of Maryland (University of Baltimore) (spouse)	Baltimore, MD	Salary	Over \$1,000
2	Georgetown University (spouse)	Washington, DC	Salary	Over \$1,000
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4				
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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 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

S, Example: DC, or J	IBM Corp. (stock)				X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										</
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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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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 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.

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

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

[illegible]

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 not a qualified plan, IRA, or 529 plan.

*** 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.

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 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.		At the close of reporting period. If None, or less than \$1,001, Check the first column.										If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.																						
												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, DC, or J IBM Corp. (stock)				X										X						Example		X									Example		
	(S) Keystone Fund					X													X			Example	X									Example		
1	International Equity Index Fund (6.25%)																		X															
2	Real Estate Securities Fund (2.50%)																		X															
3	Bond Index Fund (33.75%)																		X															
4	Inflation-Linked Bond Fund (11.25%)																		X															
5	Money Market Fund (12.00%)																		X															
6	(S) Northwestern Mutual Life Ins. life ins. policies (see specific funds below)																																	
7	High Yield Bond (MSA)		X																X				X											
8	Index 500 Stock (MSA)		X																X				X											
9	International Equity (MSA/Franklin Templeton)		X																X				X											
10	Mid Cap Growth Stock (MSA)		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.

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Amy Klobuchar

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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 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.		At the close of reporting period. If None, or less than \$1,001, Check the first column.											If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.																					
													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	Mid Cap Value (MSA/American Century)		X															X				X												
2	Russell Multi-Style Equity		X															X				X												
3	Russell Non-US		X															X				X												
4	Select Bond (MSA)		X															X				X												
5	Small Cap Growth Stock (MSA)		X															X				X												
6	Small Cap Value (MSA/T Rowe Price)		X															X				X												
7	(S) Fidelity Adv Intermediate Bond (K&B /Faegre & Benson(F&B) 401(k) rollovers)					X												X				X												
8	(S) Fidelity Adv Equity Growth (K&B 401(k) rollover)		X															X				X												
9	United States Senate Federal Credit Union (IRA certificate)		X												X							X												
10	(S) United States Senate Federal Credit Union (IRA certificate)		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.

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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 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.		At the close of reporting period. If None, or less than \$1,001, Check the first column.										If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.																				
												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
1	(S) Vanguard SmCap Growth Indx Inst (MD Supp. Retirement Plan - 457(b))	X															X				X											
2																																
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8

BLOCK C

Type and Amount of Income

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

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

Type of Income		Amount of Income	
None		None (or less than \$201)	
Dividends		\$201 - \$1,000	
Rent		\$1,001 - \$2,500	
Interest		\$2,501 - \$5,000	
Capital Gains		\$5,001 - \$15,000	
Excepted Investment Fund		\$15,001 - \$50,000	
Excepted Trust		\$50,001 - \$100,000	
Qualified Blind Trust		\$100,001 - \$1,000,000	
Other (Specify Type)		Over \$1,000,000***	
		\$1,000,001 - \$5,000,000	
		Over \$5,000,000	
		Actual Amount	Required if "Other" Specified

		X							
			X						

[illegible]

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*** 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.

7

PART IV. TRANSACTIONS

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		Pur	Sal	Ex		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Over \$500,000	\$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	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	IRA Certificate (United States Senate Federal Credit Union)	X			6/23/11	X										
2	(S) IRA Certificate (United States Senate Federal Credit Union)	X			6/6/11	X										
3	(S) Minnesota College Savings Plan (Managed Allocation Age 15-17) (allocation listed elsewhere on form)	X			3/17/11	X										
4	(S) Minnesota College Savings Plan (Managed Allocation Age 15-17) (allocation listed elsewhere on form) (misc. contributions from 1/18/11 - 12/27/11)	X			(see attachment - Appendix A)	X										
5	(S) Selected Bond (MSA) (sub-account of Northwestern Mutual Life ins. policies)	X			(monthly)	X										
6	(S) High Yield Bond (MSA) (sub-account of Northwestern Mutual Life ins. policies)	X			(monthly)	X										
7	(S) Vanguard SmCap Growth Index Inst. - MD Supplemental Retirement Plan contributions in 2011 to 401(k) Plan	X			(see attachment - Appendix B)		X									
8	(S) Vanguard SmCap Growth Index Inst. - MD Supplemental Retirement Plan contributions in 2011 to 457(b) Plan	X			(see attachment - Appendix C)	X										
9	(S) Univ. Sys. of MD Optional - TC Lfcycle 2025 - Rtmt (the plan administrator switched these funds to TC Lfcycle 2025 - Prm (see next line)			X	5/6/11	X										
10	(S) Univ. Sys. of MD Optional - TC Lfcycle 2025 - Prm (the plan administrator substituted this fund for TC Lfcycle 2025 - Rtmt) (see prior line)			X	5/6/11	X										
11	(S) Univ. Sys. of MD Optional - TC Lfcycle 2025 - Prm	X			(see attachment - Appendix D)	X										
12																

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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**UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT
FOR ANNUAL AND TERMINATION REPORTS -
SUPPLEMENTAL ATTACHMENTS TO THE REPORT
OF U.S. SENATOR AMY KLOBUCHAR**

APPENDIX A

Dates of individual contributions to (S) Minnesota College Savings Plan (Managed Allocation Age 15-17) (Beneficiary: DC) in 2011 that did not exceed \$1,000 individually (but which, collectively, fall within the \$1,001-\$15,000 range):

1/18/11
1/20/11
1/25/11
2/1/11
2/15/11
2/22/11
3/15/11
3/21/11
3/24/11
4/15/11
4/20/11
5/3/11
5/16/11
5/20/11
6/15/11
6/20/11
7/15/11
7/20/11
8/15/11
8/22/11
9/15/11
9/20/11
10/14/11
10/17/11
10/20/11
11/3/11
11/15/11
11/21/11
12/13/11
12/15/11
12/20/11
12/27/11

0000050335

APPENDIX B

Dates of individual contributions to (S) Vanguard SmCap Growth Index Inst. – MD Supplemental Retirement Plan (401(k) Plan) in 2011 that fall within the \$1,001-\$15,000 range individually (and which, collectively, fall within the \$15,001-\$50,000 range):

1/12/11
1/26/11
2/9/11
2/23/11

APPENDIX C

Dates of individual contributions to (S) Vanguard SmCap Growth Index Inst. – MD
Supplemental Retirement Plan (457(b) Plan) in 2011 that do not exceed \$1,000
individually (but which, collectively, fall within the \$1,001-\$15,000 range):

3/9/11
3/23/11
4/6/11
4/20/11
5/4/11
5/18/11
6/1/11
6/15/11
7/13/11

8535000000000000

APPENDIX D

Dates of individual contributions to (S) Univ. Sys. of MD Optional – TC Lifecycle 2025
Prm in 2011 that do not exceed \$1,000 individually (but which, collectively, fall within
the \$1,001-\$15,000 range):

9/14/11
9/28/11
10/12/11
10/26/11
11/9/11
11/22/11
12/7/11
12/21/11

00000603359