320 HART SENATE OFFICE BUILDING WASHINGTON, DC 20510 202-224-4843

AGRICULTURE, NUTRITION AND FORESTRY

COMMERCE, SCIENCE AND TRANSPORTATION

eater SCHALE CRETARY ENVIRONMENT AND PUBLIC WORKS

TERANS' AFFAIRS

JUL 15 AM 11: 01

WASHINGTON, DC 20510

July 14,

2015

Dear Senate Committee on Ethics

requested by Attached is the clarifying information to my the Committee's letter dated June financial disclosure report for 2014 as 22, 2015.

Sincerely,

U.S. Senator OHN BOOZMAN

JB/so

Enclosure

106 W, MAIN ST. SUITE 104 EL DORADO, AR 71730 870-863-4641

000000001932

1120 GARRISON AVE. SUITE B FORT SMITH, AR 72901 479–573–0189

300 S. CHURCH ST. SUITE 400 JONESBORO, AR 72401 870–268–6925

1401 W. CAPITOL / PLAZA F LITTLE ROCK, AR 7 501-372-7153 72201

AVE.

213 W. MONROE SUITE N LOWELL, AR 72745 479-725--0400

1001 Hwy. 62 E. Suite 11 Mountain Home, AR 72653 870-424-0129

620 E. 22™ ST. SUITE 204 STUTTGART, AR 72160 870-672-6941



UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

Amendment							The state of the Control of the Cont
est Name	First Name and Middle Initi	al	and the state of the state of	Annual Report	Consta Office / Access	n Which Employed	
Boozman	John N	•		Calendar Year Covered by Report 2014	Senate Office / Agency i	+AZT	
enate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone N	lumber (Incl	ude Area Cod		Prior Office / Agency in	Which Employed	
office of Sevator Boozman				Termination Date (mm/dd/yy)			
AFTER READING THE INSTRUCT	IONS – ANSW	ER EA	(CH O	F THESE QUESTIONS AN	ID ATTACH T	HE RELEVANT	PART
	The state of the second st	YES	NO				ES NO
id any individual or organization make a donation to daying you for a speech, appearance, or article in the Yes, complete and attach PART I.	charity in lieu of			Did you, your spouse, or dependent of reimbursements for travel in the report \$375 from one source)? If Yes, complete and attach PART VI	rting period (i.e., wor	ortable travel or th more than	
id you or your spouse have earned income (e.g., sale experting period? Yes, complete and attach PART II.	aries or fees) or non- ortable source in the			Did you, your spouse, or dependent of (more than \$10,000) during the report of Yes, complete and attach PART VI	ting period?	able liability	X _
id you, your spouse, or dependent child hold any reported than \$1,000 at the end of the period, or receive usestment income of more than \$200 in the reporting Yes, complete & attach PART IIIA and/or IIIB.	inearned or			Did you hold any reportable positions current calendar year? If Yes, complete and attach PART VI		te of filing in the	
oid you, your spouse, or dependent child purchase, see eportable asset worth more than \$1,000 in the reporting Yes, complete and attach PART IV.	ell, or exchange any ng period?	X		Do you have any reportable agreeme entity? If Yes, complete and attach PART IX		rith an outside	
old you, your spouse, or dependent child receive any eporting period (i.e., aggregating more than \$375 and exempt)? Yes, complete and attach PART V.	reportable 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.	<u>o</u> prior years?	on of more than	
Each question must k	e answered ar	nd the	appro	priate PART attached for	each "YES" ı	response.	
						FOR OFFICIAL USE Do Not Write Below	
			Section 1999				
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teporting Individual's Name Amendment	PA	\R1	T 111	A.	P	UE	3L!	CL	. Y	TR	AI	DE	D /	45	SE	TS	6 A	ND	U	NE	ARNE	D !	N	0	ME	E S	OL	JR	CE	S		_	Number	
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly		•	At 1	Valu the c	u ati lose	of re	of A	Ass ting (perio	d.										Ţ	ype and			C nt c		nco	me							
raded asset held by you, your spouse, or	L			che	eck t	he fii	rst c	olum	n.					•	٦	Гур	e of	fin	on	1e		_		···	- 1	Am	our	ıt o	f Inc	com	ne			_
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 dentification 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.	None (or less than \$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	ne	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	rer \$1,000,	\$1,000,001 - \$5,000,000	000	Actual Amoun Require if "Other' Specifie	nt ed ""
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Example: DC, or J (S) Keystone Fund					Х													X			Example	Х											Example	e
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Sonate Credit union-charting S-Region Bank (IRA) T-INVESCO Short tein treas		X														\setminus	1				<u> </u>	X							;					
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8 J-ABG Eouty Fund			X													X	$\langle \rangle$						X											_
John Boozman IRA*	-			-	S.	0		F	(C)	/	٦,					-	===	=																
INVESCO Short term tres	,				X										٠.	\rangle						X					!							
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Reporting Individual's Name	P#	\R1	Γ III	A.	P	UE	3LI	CL	Υ.	TR	ΑE	ŒΙ	D A	\S :	SE	TS	A	ND	UI	NE	ARNE	D I	NC	0	ME	E S	Ol	JR	CE	S		_	Number	
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly			At	Value the control	u ati dose de, or	of re	of A port that	ing p	perio ,001.											T	ype and			C'	of li	nco	me							
raded asset held by you, your spouse, or				cne	eck 1	he fir	'ST CC	olum	ก.						1	ур	e of	Inc	om	е			•			Am	our	ıt o	f Inc	con	ne			
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.	None (or less than \$1,001)	8	\$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 Biind 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	000	Actual Amount Required if "Other" Specified	I
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Reporting Individual's Name	P	٩R٦	T III	IA.	P	UE	3LI	ICL	_Y	TR	!A l	DE	D .	AS	SE	TS	A	ND -	U	NE	ARNE	D	IN(0	ME	E S	Ol	JR	CE	S			19
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicle			At '	Value the country of Non-	uatio dose ne, or	on of re	eport s tha	Asseting points	perio ,001	od.										Ţ	ype and		OC!			nco	me						
traded asset held by you, your spouse, or	-			che	eck th	he fi	rst cı	olum	ın.							Гур	e of	f Inc	:om	ie		•				Am	oun	it o	fin	con	ne		
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.	one (or less than \$1,001	8	\$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	,000,001 - \$50,000	/er \$50,000,000	٩	Dividends	_با	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	.01 - \$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	rer \$5,000,000	Actual Amount Required if "Other" Specified
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or J (S) Keystone Fund		-			Х								IL.		_	Ļ	_	X			Example	X					\square						Example
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Reporting Individual's Name	PΑ	R	T 111	В.	N	ON	I-P	UB	LIC	CLY	ΥT	RA	DĒ	Đ,	AS	SE	TS	S A	ND	UN	VEARN	ED	IN	CC	M	E S	SO1	UR	CE	S		Page	e Number
BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources Report the name, address (city, state and			At 1	the d	B uati dose e, or eck t	of res	of A epor	Ass ting (in \$1	perio ,001	od.											ype and			K C	of l				£ 1				
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.	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	cepted 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	000,000	\$100,001 - \$1,000,000	Over \$1,000,000***	,000,001 - \$5,000,000	80	Actual Amount Required if "Other" Specified
S, JP Computer, Software Design, Example: DC, Wash DC or J Undeveloped land, Dubuque, Iowa				х	V						<u> </u>		_	X			_	_		_	Example Example	X	X		:								Example Example
1 J-Catswabis Partners LLC 2 Rogers, AR 3 Subdivision Lots, * attack 4 Worthwestern Mutual Whole 5 Life 6		es	† *				X						X	X								X	X										
7								-	-	_	<u> </u>						 			-						-							
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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.

Cotswalds Partners, LLC

*Attachment Subdivision Lots

Name of Asset	Valuation of Assets	Type of income	Amount of income
			Associate of Highling
Subdivision Lot G	15,001-50,000	None	None
Subdivision Lot H	15,001-50,000	None	None
Subdivision Lot L	15,001-50,000	None	The state of the s
Subdivision Lot M	15,001-50,000	None:	None
Subdivision Lot N	15,001-50,000		None
Subdivision Lot O	15,001-50,000	None	None
Subdivision Lot P		None	None
Subdivision Lot Q	15,001-50,000	None	None
Subdivision Lot R	15,001-50,000	None	None
Subdivision Lot S	15,001-50,000	None	None
Subdivision Lot T	15,001-50,000	None	None
Subdivision Lot U	15,001-50,000	None	None
Subdivision Lot V	15,001-50,000	None	None
	15,001-50,000	None	None
Subdivision Lot W	15,001-50,000	None	None
Subdivision Lot X	15,001-50,000	None	None
Subdivision Lot Y	15,001-50,000	None	None
Subdivision Lot Z	15,001-50,000	None	None
Subdivision Lot AA	15,001-50,000	None	None
Subdivision Lot BB	15,001-50,000	None	None
subdivision Lot CC	15,001-50,000	None	None
Subdivision Lot DD	15,001-50,000	None	None
Subdivision Lot EE	15,001-50,000	None	None
iubdivision Let HH	15,001-50,000	None	None
Subdivision Lot il	15,001-50,000	None	None

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Reporting Individual's Name	☐ Amendment

PART IV. TRANSACTIONS

Page Number

	•								Am	ount	of	Ггал	sac	tion	(x)		
Report	any pur See p.3.	chase, sale, or exchange by you, your spouse, or dependent CONTENTS OF REPORTS, Part B of Instructions) during the		nsact ype (>													
reportir other so Include Involvir betwee	ng periodecurities transactions properiodecurities transactions of the second contractions are properiodecurities transactions properiodecurities properiodecu	d of any real property, stocks, bonds, commodity futures, and when the amount of the transaction exceeded \$1,000. It is that resulted in a loss. Do not report a transaction erty used solely as your personal residence, or a transaction your spouse, or dependent child. Please clarify which two involved in any reportable exchange.	ırchase	ale	change	Transaction Date (Mo., Day, Yr.)	,001 - \$15,000	5,001 - \$50,000	0,001 - \$100,000	00,001 - \$250,000	50,001 - \$500,000	00,000 - \$1,000,000	/er \$1,000,000***	,000,000 - \$5,000,000	,000,001 - \$25,000,000	5,000,001 - \$50,000,000	/er \$50,000,000
		Identification of Assets	مَ	Š	Û		\$1	\$1	\$5	\$1	\$	\$5	Ó	\$1	\$2	\$2	Ó
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	or J	(DC) Microsoft (stock) NASDAQ/OTC	<u> </u>	X		1 / 27 / 1X			, ,	Χ	Е	X	Α	М	Р.	<u> </u>	E
1 J-1	Cotsu	uald lot D		\times		1/20/14			XI						Ì		
		- Equity Fund		X	.:	3/24/14									,		
3	`		,			10/27/14										j	-
4 I	Share	s MSCI EAFE	\times			3/3/14	:			X			•				
5 In	resc	e Gov't	ļ,	\times		3/31/14				X		-	:		,		-
6 I	share	3 Barchy Agency Bd	X			4/30/14	:			\times							
		0 Gov 4		X		4/30/14				X							
8 I.	shar	e Barclay Agency Ed	X			9/30/14	- 1		\sum_{i}				ŗ				<u> </u>
9 I	nues	co Gov't		X		9/30/14	X - 7		X						()		
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		(see instructions before marking box): If you omitted any asset because it meets the the ies only if the asset is/was held independently by the spouse or dependent child. If the asset	•		-									e.			

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Re	eporting Individual's	Name	nent	PART V	II. LIA	\BILI1	ΓIES								Pa	age Nur	nber /g		
p. tir re re fu	3, CONTENTED the sporting period (exception) and the second content in the second conten	rs of REPORTS, reporting period. d. Exclude: (1) months for Senators); (2 pliances; and (3) liances.	Part B of Instructions Check the highest an ortgages on your perso			Interest Rate	iscount Points Paid for ortgage (Senators Only)	Term if Applicable		001 - \$50,000	001 - \$100,000	,001 - \$250,000	,001 - \$500,000),001 - \$1,000,000	D***	- 100,	001 - \$25,000,000	-	r \$50,000,000
	Name o	of Creditor	Address	Type of Liability			Dis Mort		\$10,	\$15,	\$50,0	\$100	\$250	\$500	Ove	인	ᄋᇵᅵᇈ	\$25,	Over
l	S, Example : DC,	First District Bank	Wash., DC	Mortgage on undeveloped land		13%	1 pt	25 yrs			X	_	E	X	A	M	 N.	片	E
	or J	(J) John Jones	Wash., DC	Promissory Note	2010	10%	n/a	On dmd			\dashv	X	E		A	M	-	누	
<u> </u>	ARVEST	BANK	Eggers, AR	mortage	2012	4.25	0	28 yrs					Δ				\dashv	\dashv	
2	AEVEST	BANK	Rogers, AR	home canty loan	2013	3.7	0	5 yrs			XI								
3	ARVEST	PANK	Rogers, AR	mortgage on undereloped land	2013	3.0	0	2 yrs					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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Amendment

Reporting Individual's Name	
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PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Page Numbe	ŗ
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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)
Evample	National Assn. of Rock Collectors	NY,NY E	XAMPLE	Non-profit education	President	6/01	Present
Example:	Jones & Smith	Hometown, USA	EXAMPLE	Law Firm	Partner	7/06	11 / 1X
$\frac{1}{\cot}$	Swald Partners LC	Rogers,	AR	Real Estate Development	Partner	3/8	Present
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3			<u> </u>				
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Compensation totaling \$200 or more from any position must be reported in Part II.