

# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

☐ Amendment

<b>Last Name</b>	<b>First Name and Middle Initial</b>	<b>Annual Report</b> Calendar Year Covered by Report	<b>Senate Office / Agency in Which Employed</b>
Cotton	Tom	2015	United States Senate
<b>Senate Office Address (Number, Street, City, State, and ZIP Code)</b>	<b>Senate Office Telephone Number (Include Area Code)</b>	<b>Termination Report</b> Termination Date (mm/dd/yy)	<b>Prior Office / Agency in Which Employed</b>
124 Russell Senate Office Building	202-224-2353		

## 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 checked="" type="checkbox"/>	<input 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 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 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 type="checkbox"/>	<input checked="" 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 <u>FIRST</u> Report: 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 type="checkbox"/>	

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

FOR OFFICIAL USE ONLY  
Do Not Write Below this Line

SECRETARY OF THE SENATE  
 MAY 13 2015

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Reporting Individual's Name

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

Tom Cotton

**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**

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.		If None, or less than \$1,000, 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
Example: S, IBM Corp. (stock)				X										X							Example		X										Example
Example: DC, (S) Keystone Fund					X													X			Example	X										Example	
1	Bank of America checking				X											X						X											
2	Centennial IRA - CD			X														X				X											
3	Roth IRA (SP)																																
4	MFO DFA Inv't Dimensions Group Inc US Core Equity		X															X				X											
5	MFB Northern Intl Equity Index Fund		X															X				X											
6	MFB Northern FDS Fixed Income Fund		X															X				X											
7	MFB Northern High Yield Fixed Income Fund		X															X				X											
8	MFO DFA Inv't Dimensions Group Inc Real Estate Securities Portfolio		X															X				X											
9	MFC Flexshares Tr Morningstar Global Upstream Natural Resource Index Fund	X																X				X											
10	Cash - Money Market Fund		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**

Page Number

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Tom Cotton

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**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**

		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)	\$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								Example	X											Example											
		(S) Keystone Fund																		X			Example	X											Example										
1	Rollover IRA (SP)																																												
2	MFO DFA Invt Dimensions Group Inc US Core Equity												X								X				X																				
3	MFB Northern Intl Equity Index Fund												X								X				X																				
4	MFB Northern FDS Fixed Income Fund												X								X				X																				
5	MFB Northern High Yield Fixed Income Fund												X								X				X																				
6	MFO DFA Invt Dimensions Group Inc Real Estate Securities Portfolio												X								X				X																				
7	MFC Flexshares Tr Morningstar Global Upstream Natural Resource Index Fund											X									X				X																				
8	Cash – Money Market Fund												X								X				X																				
9																																													
10	Northern Trust Checking (SP)													X											X																				

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Reporting Individual's Name

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

Page Number

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Tom Cotton

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If None, or less than \$1,001,  
check the first column.

**BLOCK C  
Type and Amount of Income**

S, Example: DC, or J		IBM Corp. (stock)																				Example										Example									
		(S) Keystone Fund																				Example										Example									
1	Northern Trust account (SP)																																								
2	MFB Northern Funds Stock Index Fund											X																													
3	MFB Northern Funds Global Tactical Asset Allocation Fund																					X																			
4	MFB Northern Mid Cap Index Fund											X																													
5	MFO DFA US Small Cap Portfolio											X																													
6	MFO Causeway Cap Mgmt Tr Intl Value Fund											X																													
7	MFO Oppenheimer Developing Markets Funds Class 1											X																													
8	MFB Northern Funds Tax Exempt Fund											X																													
9	Cash – Money Market Fund											X																													
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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Reporting Individual's Name

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**PART VI. REIMBURSEMENTS**

Page Number

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Report necessary travel related expenses from each source aggregating more than \$375 in value during the reporting period received by you, your spouse and/or dependent child in connection with your provision of services at a speaking engagement, fact-finding event, or other event (personal, campaign, or otherwise). Disclosure is required regardless of whether those expenses were reimbursed to the individual or paid directly by the sponsoring organization. A description of the itinerary, including date(s) and the nature of expenses is required. If you are reimbursed for more than one trip from the same sponsor (and the trips added together are worth more than \$375), then you must report each trip individually, even if the reimbursement for each separate trip does not equal more than \$375.

**Exclude:** Travel related expenses provided by federal, state, D.C., and local governments; or by a foreign government; reimbursements from campaign funds which are reported to the FEC; reimbursements to a spouse or dependent child totally independent of his or her relationship to you; and reimbursements reported to the Office of Public Records pursuant to Senate Rule 35. For further information, see Instructions.

Name of Income Source		Address of Source	Dates and Brief Description
Example:	All States Company	Maintown, TX <b>EXAMPLE</b>	Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 201X <b>EXAMPLE</b>
1	American Enterprise Institute	Washington, DC	Roundtrip air travel and local transportation to Sea Island, Georgia, with spouse, to meet with AEI schools and participate in policy briefings, with lodging and meal expenses, with spouse: March 5-8, 2015
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Reporting Individual's Name

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Tom Cotton

**PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT**

Page Number

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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 <b>EXAMPLE</b>	Non-profit education	President	6 / 01	Present
	Jones & Smith	Hometown, USA <b>EXAMPLE</b>	Law Firm	Partner	7 / 06	11 / 1X
1	International Republican Institute	Washington, DC	Non-profit	Director	12/14	Present
2						
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6						
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9						
10						
11						
12						
13						

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