

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

☐ Amendment

Last Name Barrasso		First Name and Middle Initial John A		Annual Report Calendar Year Covered by Report 2013		Senate Office / Agency in Which Employed Senator John Barrasso	
Senate Office Address (Number, Street, City, State, and ZIP Code) 307 Dirksen Senate Office Building Washington, DC 20510		Senate Office Telephone Number (Include Area Code) 202-224-6441		Termination Report 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"/>	<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"/>	<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"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<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	
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Reporting Individual's Name

John Barrasso

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PART II. EARNED AND NON-INVESTMENT INCOME

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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	MCI (Spouse)			
1	Wyoming Surgical Center, LLC (see Part IX)		Wash., DC	Salary	\$15,000
2			Arlington, VA	Salary	Over \$1,000
3			Casper, WY	Partnership Distribution	\$19,625
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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, accepted 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.

[illegible]

BLOCK C
Type and Amount of Income

[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/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.

[illegible]

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BLOCK A

Identity of Non-Publicly Traded Assets and Unearned Income Sources

Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a non-public trade or business 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 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.

S,	JP Computer, Software Design, Wash DC
Example: DC.	

1	or J	Undeveloped land, Dubuque, Iowa
		Wyoming Orthopaedics Institute, LLC (real estate partnership)

2. 1. Undeveloped Land Casper, WY
(land subdivided to create TOPOL-future sale)

2. Dr. Steven Orcutt Casper, WY
(accounts receivable-see Part IX)

3. Matthew Gorman Casper, WY
(accounts receivable-see Part IX)

Wyoming Surgical Center, LLC
Casper, WY (accounts receivable-see Part IX)

Promissory Note (see Part IX)

[illegible]

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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.

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Reporting Individual's Name

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John Barrasso

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.

Name of Creditor		Address	Type of Liability	Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	Category of Amount of Value (x)							
Example: DC, or J	S, First District Bank (J) John Jones	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs	\$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***	Over \$50,000,000
		Wash., DC	Promissory Note	2000	10%	n/a	On dmd			X					
1	J Wells Fargo Home Mortgage	Des Moines, IA	Mortgage-Refinance	2013	3%	n/a	10/1 ARM						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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PART IX. AGREEMENTS OR ARRANGEMENTS

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.

Status and Terms of any Agreement or Arrangement

Parties

Date

Example:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA	EXAMPLE	1 / 94
	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
1	Pursuant to partnership 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
2	cont. Periodic payout is based on pre-determined valuation of assets. Payout will begin on October 1, 2007 through September 2017 in annual payments.			
3	Dr. Steven Orcutt is currently buying into 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, 2014.	Wyoming Orthopaedics Institute, LLC Casper, WY		10/02
4	Dr. Matthew Gorman 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 penalty.	Wyoming Orthopaedics Institute, LLC Casper, WY		10/08
5	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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