| - ក្រុកក្រក្នុងក្ន | | | | | · | | |
|---|---------------------------------------|----------------------|---|---------------------------|---|---------------|---------------------------------------|
| UN | TED STATES SE | | | | REPORT | | |
| | FOR ANNU | AL AND T | ERMINATION | REPORTS | | | |
| ☐ Amendment | | | <u> </u> | <u> </u> | | | |
| Last Name | First Name and Middle Ini | itial | Annual Report | | | | |
| | | | Calendar Year Cov | vered by Report: | Senate Office / Agency in Whi | ich Employed | |
| Cornyn | John | | 2011 | | U.S. Senate | | |
| Senate Office Address (Number, Street, City, State, and ZIP Co | de) Senate Office Telephone | Number (Include Area | | | | <u>-</u> | |
| 517 Hart Senate Office Building, Washington, DC 205 | 10 202-224-2934 | | Termination Date | (mm/aa/yy): | Prior Office / Agency in Which | n Employed | |
| AFTER READING THE INST | RUCTIONS - ANSV | WER EACH | OF THESE QUES | STIONS AND | ATTACH THE RE | LEVANT P | ART |
| | | YES NO | | | | | YES NO |
| Did any individual or organization make a donation paying you for a speech, appearance, or article in If Yes, Complete and Attach PART I. | • | | | r travel in the reporce)? | child receive any reportat rting period (i.e., worth m | | |
| Did you or your spouse have earned income (e.g. investment income of more than \$200 from any reporting period? If Yes, Complete and Attach PART II. | portable source in the | | Did you, your spous (more than \$10,000 If Yes, Complete an |)) during the repor | - . | liability | |
| Did you, your spouse, or dependent child hold an more than \$1,000 at the end of the period, or receinvestment income of more than \$200 in the report of Yes, Complete & Attach PART IIIA and/or IIIB. | ive unearned or | | Did you hold any re current calendar year If Yes, Complete an | ar? | on or before the date of | filing in the | |
| Did you, your spouse, or dependent child purchas reportable asset worth more than \$1,000 in the relative of the second statement of the second stateme | | | Do you have any re entity? If Yes, Complete an | | ent or arrangement with a | n outside | |
| Did you, your spouse, or dependent child receive reporting period (i.e., aggregating more than \$350 exempt)? If Yes, Complete and Attach PART V. | | | If this is your FIRST \$5,000 from a single If Yes, Complete an | e source in the <u>tw</u> | _ · - | more than | |
| Each question n | nust be answered a | and the app | ropriate PART at | tached for ea | ach "YES" respor | ise. | |
| File this report and any amendments | | | | | | | na II S |
| Senate, Washington, DC 20510. \$200 | - | | | - | Loz, mant condic c | onio Dana. | |
| This Financial Disclosure Statement is requir | | | | | ill he made available | FOR OFFICE | IAL USE ONLY - |
| by the Office of the Secretary of the Senate t | | | | | | | Below this Line |
| on Ethics. Any individual who knowingly and | · · · · · · · · · · · · · · · · · · · | - | | | | | (") |
| criminal sanctions. (See 5 U.S.C. app. 4, § 1 | | | June to me ti | | | ~ | 東3 470 |
| Certification | Signature of Rep | orting Individual | •• | Date (M | lonth, Day, Year) | | |
| | | | | | í | ==== | 10.00 -2.00 |
| ************************************** | | | | | 15/2017_ | | |
| attached schedules are true, complete and correct to the best of | | | | | 10/2014 | 5 | · · · · · · · · · · · · · · · · · · · |
| my knowledge and belief. | | | | | • | <u>_</u> | |
| | For Official Use Only - D | Do Not Write Belo | w This Line | | | 5 | |
| It is the Opinion of the reviewer that | Signature of Re | viewing Official | | Date (M | lonth, Day, Year) | l <u>:</u> | <u> </u> |
| the statements made in this form | | | | | | B 8 | |
| are in compliance with Title I of the Ethics in Government Act. | | | | | | | [1] |

| Repo | OOOOS See 2905 orting Individual's Name □ A | Amendment | PA | \R | r III | Α. | PU | BL | .IC | LY | TF | ₹A | DE | .D | AS | SE | TS | - S A | ND | U | NE | ARNI | ĒD | IN | CC | M | E S | 01 | UR | CE | :S | | Paç | ge Number |
|-------------------------------------|--|--|-------------|--------------------|-------------|----------------------------------|--------------------------|--------------|----------------------|---------------------------|----------------------------|--------|-------------------|---------|-------------|------|----------|---------------|--------------------------|----------------|------------|----------------------------|---------------------------|-----------------|-------------------|-------------------|--------------------|---------------------|-----------|-------------------------|---------------------|---------------------------|--------|--|
| Rep trac | BLOCK A Identity of Publicly Tradeo And Unearned Income Se port the complete name of eaded asset held by you, your secondent child. (Sec. p. 2) | ach publicly spouse, or | | | At th | /alua he clos None, Checl | ation se of or les | repor | Ass rting pan \$1 | perio 1,001 | ođ. | | | | | | Гур | e of | fino | :om | | ype and | | | K C | of I | nco Am | | | f In | con | ne | | |
| Institute ider functions accurately | on the pendent child, (See p.3, NTENTS OF REPORTS Partructions) for production of intestment which: 1) had a value exceeding \$1, close of the reporting period (2) generated over \$200 in "u income during the reporting lude on this PART IIIA a complication of each public bond, publicly traded partnership cepted investment funds, bareounts, excepted and qualifiests, and publicly traded assettement plan. | art B of noome or ,000 at the d; and/or inearned" period. mplete and, mutual p interest, and blind | ne (or less | \$1,001 - \$15,000 | 1 - \$50,00 | \$50,001 - \$100,000 | 31 - \$500, | 001 - \$1,00 | **000,000, | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | 0,001 | Over \$50,000,000 | | Dividends | Rent | Interest | Capital Gains | Excepted Investment Fund | Excepted Trust | ed Blind T | 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 | 01 - \$10 | \$100,001 - \$1,000,000 | Over \$1,000,000*** | \$1,000,001 - \$5,000,000 | 00 | Actual Amount Required if "Other" Specified |
| Exa | S, IBM Corp. (stock | k) | 耳 | | \Box | × | 工 | | | | | | | | х | | | | | | | Example | | X | | | | | | | | | | Example |
| | or J (S) Keystone Fund | | | | \mapsto | X | + | ′ | igspace | | | | H | | \sqcup | | | | Х | - | 4 | Example | Х | | | | | _ | | | | | | Example |
| 1 J | Bank of America chec | king account | | × | | \perp | | ' | | | | | | × | \bigsqcup | | | | | | | | × | | | | | | | | | | | |
| 2 J | Bank of America savir | ngs account | | | × | | | | | | | | | | | | × | | | | | | × | | | | | | | | | | | |
| 3 | UBS Bank USA Depo | sit account | | × | | | | | | | | | | | | | × | | | | | | × | | | | | | | \exists | \Box | | | |
| 4 | American Funds New Ed | conomy Fund | | × | | | \uparrow | | | | | | | | | | | | × | 一 | _ | | × | | | | | | | 寸 | | | | |
| 5 | UBS Bank USA Deposit account | t (MC Test. Trust) | | × | | T | \top | | | | | | | | | | × | | | 1 | | | × | | | | | | \dashv | 寸 | _ | | | |
| 6 | American Funds AMCAP Fund | I (MC Test. Trust) | | | × | 十 | T | | | | | | | | \prod | | | | × | | | | × | | | | | | \dashv | 十 | 十 | | | |
| 7 | American Funds American Mutuai Fu | und (MC Test. Trust) | | | × | 十 | \top | | | | \sqcap | | | | | | | | × | 寸 | \dashv | | | × | | | | | | 十 | 寸 | 一 | | |
| 8 | American Funds Euro Pacific Growth F | Fund (MC Test. Trust) | | × | | + | \top | | \prod | | \Box | | | П | | | | | × | \dashv | _ | | | × | | | | 1 | \dashv | + | \forall | _ | | |
| 9 | American Funds Capital Income Builder | Fund (MC Test. Trust) | | \exists | × | + | \top | | \sqcap | | \sqcap | | | \prod | | | | | × | 7 | | | | 7 | x | \exists | _ | | | 十 | 十 | \dashv | 7 | |
| 10 S | UBS Bank USA Depo | sit account | | | × | \top | 1 | | \Box | | 一 | \Box | | П | | | × | | _ | | 寸 | · · • • | × | | \dashv | \dashv | _ | 寸 | 7 | 十 | — | \dashv | \neg | ··· |

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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| Reporting Individual's Name John Cornyn | Amendment | P/ | ٩R | T H | IA. | . F | PU | BL | iC | LΥ | TF | RAI | DE | D. | AS | SE | ETS | S A | NE |) U | NE | EARNI | ED | IN | CC | M | E S | 30 1 | UR | CE | :S | | Pag | je Vumber |
| Identity of Public And Unearned Report the complete traded asset held by | ock A icly Traded Assets Income Sources name of each publicly you, your spouse, or | | | | the f Nor | uat close ne, o | | of a | Ass rting an \$1 | perio | od. | | | | | | Тур | e o | f In | con | | Type an | | MO! | | | | | - | of In | cor | ne | | |
| close of the repo (2) generated over income during the Include on this PART | PORTS Part B of duction of income or ceeding \$1,000 at the orting period; and/or \$200 in "unearned" ne reporting period. IIIA a complete public bond, mutual partnership interest, t funds, bank and qualified blind | None (or less than \$1,001) | 1 | \$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 * |) ted | Excepted Trust | Qualified Blind Trust | Other (Specify Type) | None (or less than \$201) | I - \$1 | \$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 | \$1,000,00 | \$1,000,001 - \$5,000,000 | 5,000,000 | Actua Amour Require if "Other Specific |
| S, /B | M Corp. (stock) | 匚 | | | х | | | | | | | | | | х | | | | | | | Example | | х | | | | | | | | | | Example |
| or J (S) Ke | ystone Fund | _ | _ | | | Х | | | | | | | | <u> </u> _ | _ | | <u></u> | | Х | | | Example | Х | | | | | | | | | | | Exampl |
| 1 S American Fund | ds Growth Fund of America (B) | | × | | | | | | | | | | | | | | | | × | | | | × | | | | | | | | | | | |
| 2 S American Fu | unds Smalicap World Fund | | × | | | | | | | | | | | | | | | | × | | | | × | | | | | | | | | | | |
| 3 S American Fund | ds Growth Fund of America (A) | | × | | | : | | | | | | | | | | | | | × | | | | × | | | | | | | | | П | | |
| 4 S American Fu | inds New Perspective Fund | | × | | | | | | | | | | | _ | | | | | × | | | | × | | | | | | | \square | | | | |
| 5 UBS Bank USA | A Deposit account (Inherited IRA) | × | | | | | | | | _ | | | | | | | × | | | | | | × | | | - | | | | П | | | | , <u> </u> |
| 6 American Funds | Smallcap World Fund (Inherited IRA) | | | × | | | | | | | | | | | | | | | × | | | | × | | | | | | | \square | | \square | | |
| 7 American Funds G | Frowth Fund of America (A)(Inherited IRA) | | | × | | | | | | | | | | | | | | | × | | | | | × | | | | | | \Box | | | | <u> </u> |
| 8 American Funds | New Economy Fund (Inherited IRA) | | | × | | | | | | | | | | | | - | | | × | | | | × | | | | | | | | | | | |
| 9 American Funds N | New Perspective Fund (Inherited IRA) | | | × | | | | | | | | | | | | | | | × | | | | | × | | | | | | | | \Box | | |
| | | ! | | - | Н | ┝╼┥ | | | | | | $\vdash \vdash \vdash$ | | | | | | 1 | + | | H | | | $\vdash\vdash\vdash$ | $\vdash \vdash \vdash$ | $\vdash \vdash \vdash$ | $\vdash \vdash \vdash$ | / | $igwdsymbol{H}$ | ├ ──┤ | \longrightarrow | $igwdate{}$ | | |

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.

00000602911 Reporting Individual's Name Page Number ☐ Amendment NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES PART IIIB. John Cornyn **BLOCK A BLOCK B BLOCK C Identity of Non-Publicly Traded Valuation of Assets** Type and Amount of Income Assets and Unearned Income Sources At the close of reporting period. If None, or less than \$1,001, Report the name, address (city, state and Check the first column. description) of each interest held by you, Type of Income **Amount of Income** 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: Actual \$1,001) - \$50,000,000 Excepted Investment Fund - \$5,000,000 - \$25,000,000 (1) had a value exceeding \$1,000 at the Other Amount - \$5,000,000 \$1,000,000 close of the reporting period; and/or \$100,001 - \$1,000,000 \$500,000 \$250,000 Qualified Blind Trust \$100,000 \$100,000 Required (2) generated over \$200 in "unearned" Over \$1,000,000*** \$50,000 - \$50,000 None (or less than Over \$1,000,000** Over \$50,000,000 (Specify Type) \$15,000 \$15,000 \$5,000,000 income during the reporting period. \$5,000 "Other" \$1,000 Include the above report for each Capital Gains \$25,000,001 Specified \$1,000,001 \$1,000,001 \$5,000,001 Dividends underlying asset, which is not incidental to \$250,001 \$100,001 \$500,001 Excepted \$2,501 -\$15,001 \$50,001 Interest the trade or business. Publicly traded \$1,001 \$5,001 None \$201 Rent assets held by non-public entity may be listed on Part IIIA. JP Computer, Software Design, Example Example Wash DC Example: DC, X Undeveloped land, Dubuque, Iowa Example Example Employees Retirement System of Texas Retirement 10131.60 Hartford Life Insurance Co (Inherited Annuity) Annuity | 2308.92 Distribution Annuity Hartford Life Insurance Co (Inherited Annuity) 1356.96 X Distribution 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.

| Re | John | | | | RT IV | '. TF | RAN | SACTIONS | | | | | | | | | Page | Number | ∍r |
|----------------|--|-------------------------------------|---|---|-----------------------|-----------------|---------------------|---|-----------------|---------------------|----------------------|---------------------|--------------------|-----------------------|--------------------|-------------------------|-------|--------|------------------|
| | | | | | | | | | | | Am | oun | t of | Trar | ısac | tion | ı (x) | | |
| | | | | nge by you, your spouse, or dependent DRTS Part B of Instructions) during the | | nsaci ype (: | | | | | | | | | | | | 0 | |
| oi In in | ther sec nclude to volving etween | curitie ransa prope you, y | s when the amount of to ctions that resulted in a erty used solely as you | stocks, bonds, commodity futures, and the transaction exceeded \$1,000. a loss. Do not report a transaction ir personal residence, or a transaction dent child. Please clarify which two able exchange. | ırchase | ıle | change | Transaction Date (Mo., Day, Yr.) | ,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | 100,001 - \$250,000 | 50,001 - \$500,000 | 500,001 - \$1,000,000 | ver \$1,000,000*** | ,000,0001 - \$5,000,000 | 00, | | ver \$50,000,000 |
| | ·-· | | Identificati | ion of Assets | Pu | Sale | Ë | | \$1, | \$1 | \$5(| \$10 | \$250 | \$5(| ò | \$1, | \$5, | \$2 | ò |
| | Example: | S, DC | IBM Corp. (stock) i | NYSE | X | | | 2/1/1X | | Х | | | Е | X | Α | М | Р | L | E |
| | • | or J | (DC) Microsoft (stock) NA | ASDAQ/OTC | | X | | 1/27/1X | | | | Х | E | X | Α | М | P | L | E |
| 1 | | Ameri | can Funds New Economy | y Fund | × | | | 12/1/11 | × | | | | | | | | | | |
| 2 | | Amer | ican Funds American M | lutual Fund | | X | | 06/24/11 | × | | | | | | | | | | |
| 3 | s | Ameri | can Funds Smallcap Wor | id Fund | X | | | 1/14/11 | × | | | | | | | | | | |
| 4 | s | Americ | can Funds Growth Fund of A | America (A) | × | | | 1/14/11 | × | | | | | | | | | | |
| 5 | s | Ameri | ican Funds New Perspe | ective Fund | × | | | 1/14/11 | × | | | | | i | | | | : | |
| 6 | | Ameri | can Funds New Economy | / Fund | | X | | 12/1/11 | × | | | | | | | | | | |
| 7 | | | <u> </u> | · | | : | | | | | | | | _ | | | | | |
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| EXI | EMPTION This catego | TEST (| see instructions before marking es only if the asset is/was held in | g box): If you omitted any asset because it meets the three dependently by the spouse or dependent child. If the asset | ee-part t is/was e | test for e | exempti d by the | ion described in the inst filer or jointly held, use t | ructio | ns, pl | ease degories | check s of va | box to | the r | right. | | | | $ egli{d}$ |

| Reporting Ind John C | | | nent | PART VII. | LIAB | ILITIE | ES | | | | | | | | | Page | Numbe | BF |
|----------------------------------|--|---|---|--|---------------|---------------|--------------------|----------------|----------------|-----------------|-----------------|-----------------|-------------------|----------------|--------------------|--------------------|-------------------------|--------------|
| | | | | | | | | | Ca | tea | orv o | of A | mou | ınt c | of Va | lue | (x) | = |
| CONTE during the period. secured | NTS Che reports of the reports of th | OF REPORTS Part orting period. Che de: (1) Mortgages (tomobiles, househ | B of Instructions), to a ck the highest amount on your personal residual old furniture or applian | se, or dependent child (See p.3 any one creditor at any time towed during the reporting lences unless rented; (2) loans nces; and (3) liabilities owed to for reporting revolving charge | Date Incurred | Interest Rate | Term if Applicable | 001 - \$15,000 | 001 - \$50,000 | 000,001 - \$100 | 001 - \$250,000 | 001 - \$500,000 | 001 - \$1,000,000 | \$1,000,000,** | ,001 - \$5,000,000 | 001 - \$25,000,000 | ,000,000,05\$ - 100,000 | \$50 000 000 |
| N | lame d | of Creditor | Address | Type of Liability | | | | \$10,0 | \$15,0 | \$50,0 | \$100, | \$250, | \$500, | Over | \$1,000 | \$5,000, | \$25,0 | Š |
| | S, | First District Bank | Wash., DC | Mortgage on undeveloped land | 1992 | 13% | 25yrs | | | Х | | Е | Х | Α | М | Р | L | E |
| Example | e: DC, or J | (J) John Jones | Wash., DC | Promissory Note | 2000 | 10% | On dmd | | | | X | ш | X | A | М | Ρ | L | E |
| 1 J | Wells | Fargo. | Des Moines, IA | Refinanced Mortgage on residence | 2010 | 4.375 | 30 yrs | | | | | × | | | | | | |
| 2 J | Color | ial Savings | Fort Worth, TX | Initial Mortgage on residence | 2010 | 4.750 | 30 yrs | | | | | × | | | | | | |
| 3 | Citiba | ank | Sioux Falls, SD | Credit card | 2011 | 16.99 | On Demand | | × | | | | | | | | · | |
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00000862914

| Reporting Individual's Name | ☐ Amendment |
|-----------------------------|-------------|
| John Cornyn | |

PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

| age | Num |
|-----|-----|
| | 7 |

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.

| | N | ame of Organization | Address (City, State) | Type of Organization | Position Held | From (Mo/Yr) | To (Mo/Yr) |
|----|------------|---|-----------------------|---------------------------------------|----------------|-----------------|---------------|
| | | National Assn. of Rock Collectors | NY,NY EXAMPLE | Non-profit education | President | 6/91 | Present |
| | cample: | Jones & Smith | Hometown, USA EXAMPLE | Law Firm | Partner | 7/96 | 11/1X |
| 1 | MC Tes | tamentary Trust | San Antonio, TX | Trust | Trustee | 04/09 | Present |
| 2 | Texas Stat | e Society of Washington DC Board of Directors | Bowie, MD | Non-profit | Past President | 04/10 | 04/11 |
| 3 | | • | | · · · · · · · · · · · · · · · · · · · | | • | |
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Compensation in excess of \$200 from any position must be reported in Part II.