UNITED STAT	ES SENATE	FINA	NCIAL DISCLO	SURE REPORT
FOR	ANNUAL A	ND TE	ERMINATION FIL	ERS
Amendment				
Last Name	First Name and Middle Initial		Report	
Barrasso	John A		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)	Senate Office Telephone Number	(Include Area Code	Termination Report	
307 Dirksen Senate Office Building Washington, DC 20510			Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed
AFTER READING THE INSTRUCT	IONS - ANSWER	EACH OF	THESE QUESTIONS AN	ID ATTACH THE RELEVANT PART
	YES	ON S		NON YES
Did any individual or organization make a donation to che paying you for a speech, appearance, or article in the relifies, complete and attach PART I.	charity in lieu of reporting period?		Did you, your spouse, or dependent child eimbursements for travel in the reporting \$350 from one source)? I Yes, complete and attach PART VI.	receive any reportable travel or period (i.e., worth more than
Did you or your spouse have earned income (e.g., salaries investment income of more than \$200 from any reportable reporting period? If Yes, complete and attach PART II.	the source in the		pendent the repor	child have any reportable liability ting period?
Did you, your spouse, or dependent child hold any report more than \$1,000 at the end of the period, or receive un investment income of more than \$200 in the reporting particles, complete & attach PART IIIA and/or IIIB.	reportable asset worth ve unearned or ing period?		Did you hold any reportable positions current calendar year? If Yes, complete and attach PART VII	on or before the date of filing in the
Did you, your spouse, or dependent child purchase, sell, reportable asset worth more than \$1,000 in the reporting If Yes, complete and attach PART IV.	II, or exchange any Ig period?		No you have any reportable agreementity? f Yes, complete and attach PART IX.	nt or arrangement with an outside
Did you, your spouse, or dependent child receive any reporreporting period (i.e., aggregating more than \$350 and not exempt)? If Yes, complete and attach PART V.	reportable gift in the I not otherwise	######################################	this is your FIRST Report. Did you 5,000 from a single source in the two Yes, complete and attach PART X.	receive compensation of more than prior years?
Each question must be	e answered and th	e approp	riate PART attached for	each "YES" response.
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	Page Number	2	7
		PART II. EARNED AND NON-INVESTMENT INCOME	
	- Amendment		
. Reporting Individual's Name		John Barrasso	

Instructions.) Do not report income from employment by the 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 (See p.3, CONTENTS OF REPORTS Part B of amount needs to be specified for your spouse. U.S. Government for you or your spouse.

Individuals not covered by the Honoraria Ban:

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

	Name of Income Source	Addre	Address (City, State)	Type of Income	Amount
Example:		Wash., DC	EXAMPLE	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	EXAMPLE	Salary	Over \$1,000
- V	Wyoming Surgical Center, LLC (see Part IX)	Casper, WY		Partnership Distribution	\$19,625
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Required Specified "Other" Amount Example Example Actual Page Number 3 Over \$5,000,000 000'000'9\$ - 100'000'1\$ Income SOURCES Over \$1,000,000,*** 000'000'1\$ - 100'001\$ ð 000'001\$ - 100'09\$ **Amount** Amount of Income 12'001 - \$20'000 × 000'91\$ - 100'9\$ INCOME × × \$2,501 - \$5,000 \$1,001 - \$2,500 BLOCK \$201 - \$1,000 × × UNEARNED None (or less than \$201) X × × × × × Type and (Specify Example Example Other Type) JamT brilla beitilsuD Income Excepted Trust ON/ Excepted Investment Fund × <u>پ</u> Capital Gains Type S × Interest × × ASSET × × Rent **Dividends** × × × × None TRADED X Over \$50,000,000 \$25,000,001 - \$50,000,000 \$5,000,001 - \$25,000,000 At the close of reporting period If None, or less than \$1,001, PUBLICLY Valuation of Assets 000,000,8\$ - 100,000,1\$ Check the first column. × Over \$1,000,000,*** 000'000'1\$ - 100'009\$ \$250,001 - \$500,000 × × × \$100,001 - \$250,000 × × × 000'001\$ - 100'09\$ \$15,001 - \$50,000 × PART 000'91\$ - 100'1\$ × × None (or less than \$1,001) king Account) Report the complete name of each publicly Jonah Bank (Checking Account) ket Fund (IRA) tock) (IRA) Vanguard Tax Exempt Money Market Fund Fund (RT FD) Hilltop National Bank (Checking Account) rust Index Fund 000 at the aded asset held by you, your spouse, or Amendment Vanguard Total Inflation Protection Securities Fund Admiral Shares (RT FD) entification of each public bond, mutual und, publicly traded partnership interest, (2) generated over \$200 in "unearned" Vanguard Total Stock Market Index Fund Admiral Shares Assets nstructions) for production of income or close of the reporting period; and/or period. And Unearned Income Sources ccounts, excepted and qualified blind our dependent child, (See p.3, SONTENTS OF REPORTS Part B of usts, and publicly traded assets of a iclude on this PART IIIA a complete Identity of Publicly Traded xcepted investment funds, banl IBM Corp. (stock) Tamarack Prime Money Mark First Interstate Bank (Checl Vanguard Prime Money Market Berkshire Hathaway (S Vanguard Real Estate Investment T Admiral Shares (RT FD) (1) had a value exceeding \$1, income during the reporting Keystone Fund eporting Individual's Name **BLOCK A** Barrasso vestment which: (S) stirement plan. cample: DC John

as appropriate. please check box to the right. the other categories of value, iler or jointly held, use EMPTION TEST *(see instructions before marking box)*: If you omitted any asset because it meets the three-part test for exemption described in the instructions. 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

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Reporting Individual's Name	Cty Traded As Income Sour		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 close of the reporting period; and/or income during the reporting period. (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.	လ		Wells Fargo Bank (Checking Account)										
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the 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.

to create an additional page for this part. 전 한 전 한 전 다 이 이 이 이 이 Cick.

Barrasso — Amendment PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES 5	blicly Traded Valuation of Assets Income Sources At the close of reporting period. If None, or less than \$1,001, check the first column.	est held by you,	S OF REPORTS Part B of the production of income the production of income or a non-public trade or a non-public entity may be a non-pu	Wash DC Example I Indevelored land Dubing found	ondeveloped iand, Dubuque, re	Wyoming Orthopaedics Institute, LLC (real estate partnership)	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) Sasper, WY (accounts receivable-see Part IX) Sasper, WY (accounts receivable-see Part IX)	Promissory Note (see Part IX)				I 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. gory 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	BLO Identity of Non- Assets and Unearn Report the name, add	description) of each inter your spouse, or your dep	p.3, CONTENTS OF REPOR Instructions) for the production or investment in a non-public or investment in a non-public business which: (1) had a value exceeding close of the reporting per (2) generated over \$200 in income during the reporting income during the reporting asset, which is not the trade or business. Public assets held by non-public entilisted on Part IIIA.	Example: DC, Wash DC	┨	1 Wyoming Orthopa partnership)	1. Undeveloped L	걸	3. Matthew Gorma (accounts receivab	5 Casper, WY (accou	6 Promissory	 80	6	10	EXEMPTION TEST (see instruction of the struction of the category applies only if the struction of the structure of the struct

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Over \$50,000,000 Ш \$25,000,001 - \$50,000,000 9 Page Number \$5,000,001 - \$25,000,000 Δ, Δ. 000,000,8\$ - 100,000,1\$ Σ ð Over \$1,000,000,1** Amount 4 4 appropriate the right, 000'000'1\$ - 100'009\$ × × \$250,001 - \$500,002\$ Ш Ш ctions, please check box to other categories of value, as o o \$100,001 - \$250,000 × Category 000'001\$ - 100'09\$ 212'001 - \$20'000 \$10,001 - \$15,000 described in the instructions, ir or jointly held, use the other c On dmd 10/1 ARM Term if Applicable Mortgage (Senators Only) 1 pt .ITIES n/a ⊓/a Discount Points Paid for EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption d
*** 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 10% 3% Interest Rate LIABI 1992 2000 2013 Date Incurred ≓ 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 Mortgage on undeveloped land PART Type of Liability (1) mortgages on your personal residences unless Mortgage-Refinance Check the highest amount owed during the rented **(except for Senators**); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Promissory Note See Instructions for reporting revolving charge accounts Address Des Moines, 20 DC Wash., Wash., Amendment time during the reporting period. Wells Fargo Home Mortgage First District Bank səc Exclude: John Jor Name of Creditor Reporting Individual's Name E reporting period. John Barrasso Instructions. S, Example: DC, 9 $^{\circ}$ 4 12 ന S Φ ω O

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ments 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. of other intellectual Report your agree

[Status and Terms of any Agreement or Arrangement	Parties	Date
<u> </u>	partnership agreement, will receive lump sum payment of capital account & parted on services performed through 11/0X and retained pension benefits (diver.) Y managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA EXAMPLE	1/94
	agreement inc	XYZ Co., Bethesda, MD EXAMPLE	1/1X
<u> </u>	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.		
က	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	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.	LLC Casper, WY	7/12
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