

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

<input type="checkbox"/> Amendment			
Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report	Senate Office / Agency in Which Employed
PAUL	RAND		
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	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"/>	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 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"/>	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 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 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"/>	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 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

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE FILERS

<input type="checkbox"/> Amendment				
Last Name		First Name and Middle Initial		New Employee Report
PAUL		RAND		Date of Employment (mm/dd/yy)
Senate / Candidate Office Address (Number, Street, City, State, and ZIP)		Senate / Candidate Office Telephone No.		Senate Office / Agency in Which Employed
				Candidate Report
		Commencement of Candidacy (mm/dd/yy)		State in which you are a candidate
				Candidate Reporting Period

AFTER READING THE INSTRUCTIONS – ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
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"/>	Did you hold any reportable positions during the reporting period? If Yes, complete and attach PART VIII.	<input 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 and attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have any reportable agreement or arrangement with an outside entity on the filing date? If Yes, complete and attach PART IX.	<input type="checkbox"/>	<input 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 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.

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Reporting Individual's Name		PART II. EARNED AND NON-INVESTMENT INCOME		Page Number
<p>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.</p> <p>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.</p>				
Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1	SENATE		174,000	salary
2	Hachette	237 Park Ave NYC, NY	90,000	royalty
3	Rand Paul PSC		6,559	dividends
4	SMG consulting (Kelley Paul)	7669 Stagers Loop Delaware, Ohio	000,000	consulting
5	strategy media group) sale of Medical Practice: McPeak Vision	1403 Andrea St Bowling Green, KY	55,000	sale of practice
6				
7				
8				
9				
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12				
13				

Reporting Individual's Name

☐ Amendment

Page Number

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																					
												Type of Income							Amount of Income														
		At the close of reporting period. If None, or less than \$1,001, check the first column.										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, IBM Corp. (stock)												X						Example	X												Example	
	DC, or J (S) Keystone Fund																X		Example	X											Example		
1	(see attached)																																
2	FIRST SECURITY Bank														X							X											
3	Bowling Green KY																																
4	William Paul 529 Plan											X																					
5																																	
6	Duncan Paul 529 Plan																																
7																																	
8	Robert Paul 529 Plan																																
9																																	
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.

*** 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

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Page Number

PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources		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							
												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
Example:	S, DC, or J	JP Computer, Software Design, Wash DC											X													Example	
		Undeveloped land, Dubuque, Iowa										X														Example	
1		861 Castle Heights, Bowling Green, KY												X													
2		1030 Hwy 98E #23, Destin, FL												X													
3																											
4																											
5																											
6																											
7																											
8																											
9																											
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.

*** 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						<input type="checkbox"/> Amendment		PART VII. LIABILITIES										Page Number					
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.						Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	Category of Amount of Value (x)													
										\$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***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000			
Name of Creditor		Address		Type of Liability																			
Example: S, DC, or J First District Bank (J) John Jones		Wash., DC		Mortgage on undeveloped land		1992	13%	1 pt	25 yrs			X		E	X	A	M	P	L	E			
		Wash., DC		Promissory Note		2000	10%	n/a	On dmd				X	E	X	A	M	P	L	E			
1	Wells Fargo			home mortgage (personal residence)		2011	3.37	0	15				X										
2																							
3																							
4				don't release this address.																			
5																							
6																							
7																							
8																							
9																							
10																							
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12																							

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.

Janus Accounts			
Non-retirement	Valuation		Income
Money market	\$1,000-\$15,000		\$201-1,000
Retirement			
Govt MM Fund D	\$15,000-50,000	none	
Balance Fund D	\$1,000-15,000	"	
Real return Fund D	\$1,000-15,000	"	
Janus Fund D	\$1,000-15,000	"	
MM fund D	\$1,000-15,000	"	
Janus contrarian	\$1,000-15,000	"	
Real Return D	\$1,000-15,000	"	
Vanguard			
Non-retirement			
Infl prot Sec Fund	\$100,001-250,000		\$1,000-15,000
Retirement			
Infl Prot Sec	\$100,001-250,000	none	
Inter TermTreas Inv	\$1,000-15,000	"	
Prime MM	\$50,000-100,000	"	
Energy Fund	\$ \$15,000-50,000	"	
Federal MM	\$15,000-50,000	"	
USAA Prec Metals	\$15,000-50,000	"	
Target 2030	\$1,000-15,000	"	
Tot Bond Mkt Inv	\$1,000-15,000	"	
500 Index Fund Adm	\$1,000-15,000	"	
Balance Index Fund	\$1,000-15,000	"	
American Century			
Retirement			
Global Gold	\$1,000-15,000	none	
Cap Pres Fund	\$1,000-15,000	"	

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ANNETTE GILLIS, DEPUTY STAFF DIRECTOR

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RECEIVED
UNITED STATES SENATE
OFFICE OF THE CLERK

SELECT COMMITTEE ON ETHICS
HART SENATE OFFICE BUILDING, ROOM 2203
SECOND AND CONSTITUTION AVENUE, NE
WASHINGTON, DC 20510-6425
MAY 15 2013 PM 4 19

May 14, 2013

The Honorable Rand Paul
United States Senate
Washington, DC 20510

Dear Senator Paul:

This is in response to your request for an extension of time for filing your annual public financial disclosure report. Your form was originally due on May 15, 2013. Pursuant to section 101(g) of the Ethics in Government Act of 1978, as amended, the Committee grants you a 90-day extension, and your form will therefore be due no later than August 13, 2013. Section 101(g) also provides that the total of all extensions granted to an individual may not exceed ninety days.

Please note that section 104(d)(1) of the Act provides that any individual who files a report more than 30 days after the last day of the filing extension period shall pay a filing fee of \$200.

Sincerely,


John C. Sassaman
Chief Counsel and Staff Director

JCS/jal
cc: Secretary of the Senate

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