

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

☐ Amendment

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report	Senate Office / Agency in Which Employed
Wicker	Roger F.	2012	Senator Roger F. Wicker
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
555 Dirksen SOB, Washington, DC 20510	202-224-6253		

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 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"/>	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"/>
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 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 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 \$350 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.

<p style="font-size: 2em; margin: 0;">a6</p>	<p>FOR OFFICIAL USE ONLY Do Not Write Below this Line</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED, CLERK OF THE SENATE MAY 15 AM 11:00</p> </div>
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Reporting Individual's Name

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Wicker, Roger F.

PART II. EARNED AND NON-INVESTMENT INCOME

Page Number

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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	Wash., DC	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1	University of Mississippi (spouse)	Tupelo, MS	Salary	Over \$1,000
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10				
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12				
13				

Reporting Individual's Name

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Wicker, Roger F.

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

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BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets										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 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.		At the close of reporting period. If None, or less than \$1,001, 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
Example:	S, DC, or J	IBM Corp. (stock)				X									X						Example		X									Example
	(S)	Keystone Fund					X									X				Example	X										Example	
1	S	ABAG Fin Auth (bond)		X												X							X									
2	S	CSX Corp (bond)			X											X								X								
3	S	Petrobras Intl (bond)		X												X							X									
4	S	Bunge Limited			X											X								X								
5	S	Torchmark Corp			X											X								X								
6	S	United States Treasury (bond)		X												X							X									
7	S	Protective Life Corp (stock)		X												X							X									
8	S	Dreyfus General Money Mkt Class B				X									X							X										
9		Dreyfus General Money Mkt Class B		X											X							X										
10		Putnam Growth & Income IRA, Class A			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.

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Reporting Individual's Name

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Wicker, Roger F.

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

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BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources			BLOCK B Valuation of Assets										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 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.			At the close of reporting period. If None, or less than \$1,001, 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
Example:	S, DC, or J	IBM Corp. (stock)				X									X							Example		X									Example
		(S) Keystone Fund					X												X			Example	X										Example
1	S	GNMA			X												X									X							
2		Alliance Global Tech Class C ATECX (mutual fund)		X										X									X										
3		Amazon.com AMZN (stock)		X										X									X										
4	S	Merck MRK (stock)		X											X								X										
5	S	Investment Company of America, Class A		X										X									X										
6	S	GE (bond matured)	X														X							X									
7	S	FHLMC (bond redeemed)	X														X							X									
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

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Wicker, Roger F.

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

Page Number

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BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																				
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 <u>non-public</u> 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.		At the close of reporting period. If None, or less than \$1,001, 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
Example:	S, DC, or J	JP Computer, Software Design, Wash DC					X								X						Example		X									Example
		Undeveloped land, Dubuque, Iowa					X								X						Example	X										Example
1	J	Rental Property, Alexandria, VA					X									X								X								
2	J	Rental Property, Alexandria, VA						X								X									X							
3	S	Rental Property, Tupelo, MS					X									X										X						
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.

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Reporting Individual's Name

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Wicker, Roger F.

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			Dis Mor		\$10,0	\$15,0	\$50,0	\$100,0	\$250,0	\$500,0	Over \$	\$1,00	\$5,00	\$25,0	Over \$
Example:	S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			X		E	X	A	M	P	L	E
		(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X	E	X	A	M	P	L	E
1	J	Capital One	Plano, TX	refinance mortgage on personal residence/rental property, Alexandria, VA	2005	5.875	0	30 yrs				X							
2	J	Capital One	Plano, TX	mortgage on rental property, Alexandria, VA	2006	5.875	0	30 yrs					X						
3	J	BNA Bank	New Albany, MS	mortgage on personal residence, Oxford, MS	2006	5	0	30 yrs					X						
4	J	Chase	Louisville, KY	refinance mortgage on personal residence	2003	4.875	0	15 yrs				X							
5	J	Renasant Bank	Tupelo, MS	home equity line of credit on personal residence	2007	3.25		10 yrs			X								
6																			
7																			
8																			
9																			
10																			
11																			
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.

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