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\$1.77 to 100 miles	The first particular and the state of the second second	FOR ANNU			•••								
Amendment									17.2 C -2.25 201				
Last Name		First Name and Middle Init	ial		Calendar Year Cove		Senate Office / Agency in Wh						
Moran		Jerry	•		2011	sied by Report.	Senator Jerry Mo						
Senate Office Address (Number, Street, City	y, State, and ZIP Code)	Senate Office Telephone N	lumber (include Area (	Code)	Termination Report								
354 Russell	-	202-224-6521			Termination Date (r	nm/aa/yy):	Prior Office / Agency in Which	n Employed					
AFTER READING	THE INSTRU	CTIONS - ANSV	VER EACH (	)F T	HESE QUES	TIONS AND	ATTACH THE RE	LEVANT	PART				
			YES NO						YES	NO			
Did any individual or organization paying you for a speech, appearant of Yes, Complete and Attach PART	nce, or article in the r	•		rei \$3		travel in the repo :e)?	child receive any reportation orting period (i.e., worth multiple)						
Did you or your spouse have earn investment income of more than \$ reporting period? If Yes, Complete and Attach PART	200 from any reporta			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.									
Did you, your spouse, or depende more than \$1,000 at the end of the investment income of more than \$1 f Yes, Complete & Attach PART I	e period, or receive u 200 in the reporting p	nearned or	çui	d you hold any rep rent calendar yea 'es, Complete and	r?	s on or before the date of	filing in the						
Did you, your spouse, or depende reportable asset worth more than if Yes, Complete and Attach PART	\$1,000 in the reportin			ent	you have any reptity? 'es, Complete and	_	ent or arrangement with a	an outside					
Did you, your spouse, or depende reporting period (i.e., aggregating exempt)?  If Yes, Complete and Attach PART	more than \$350 and	, —		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.									
Each	question must	be answered a	nd the appr	opri	ate PART att	ached for e	each "YES" respon	nse.	. "				
File this report and any an Senate, Washington, DC 2	nendments with 0510. \$200 Pen	the Secretary of alty for filing mo	the Senate, ( re than 30 da	Office ys af	e of Public Re ter due date.	cords, Roon	n 232, Hart Senate (		ding, U.	.S.			
OENTH T that the statements (	of the Senate to any knowingly and willf C. app. 4, § 104, a	requesting person ully falsifies, or who	upon written a knowingly and 1.) orting Individual	oplica willfu	tion and will be Ily fails to file thi	reviewed by the s report may be Date (	ne Select Committee	FOR OFF Do Not Wri		his Line			
have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		or Official Use Only - D		/ This	Line	5-24	-12	2. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	HAT	ה ה			
It is the opinion of the reviewer that	····	Signature of Rev				Date (	Month, Day, Year)	1	ليا				
the statements made in this form are in compliance with Title I of the Ethics in Government Act.							,						

Jerry Moran 2011 Disclosure Schedule

	BLOCK A			BLO	CK	3		E	3LO	CK	C	BLOCK D								BLOCK E		
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	Dividends	Rent	Interest	Capital Gains	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$3,000	\$3,001-\$3,500	\$3,501-\$4,000	\$4,001-\$5,000	\$5,001-\$6,000	\$6,001-\$7,000	PSE
	Pfizer Inc., Stock			X				X					X									
	Capital Income Builder A, Mutual Fund						X	X												X		
	Investment Company of America A, Mutual Fund				Х			Х						Х								
	First Clearing Money Market			X						X		Х										
	Fidelity Growth Opportunity T, Mutual Fund			X								Х										
	Income Fund of America B, Mutual Fund			X				X						X								
	Income Fund of America A, Mutual Fund			<u>X</u>				X					Х									
	Hanston Insurance Agency, Stock (at cost)						X	X								X						
	First Trust Co of Onaga Money Market			X						X			Х									
	Boeing Company, Stock			X				X						Х								
	Chevron Texaco, Stock				X			X						Х								
	Exxon Mobil, Stock						X	X								X						
	Halliburton Company, Stock				X			X					Х									
	Schlumberger LTD, Stock				X			X						X								
	Transocean Inc., Stock		X					X					Х									
	First Clearing Money Market		X							X		X								:		
SP	Fidelity Growth Opportunity T, Mutual Fund			X								Х										
	MFS Massachusetts Inv A, Mutual Fund				Х			X						Х								
	Capital Income Builder B, Mutual Fund			X				X						Х								
	Investment Company of America B, Mutual Fund			X				X					X									
	First Clearing Money Market		X							X		X										
SP	Income Fund of America A, Mutual Fund			X				X						X								

R	Reporting Indîvîdûal's	Amendmer		RT I\	/. TI	RAN	SACTIONS	· ·				<u>.</u>				Pag	je Numb	ær
•					_					Am	oun	t of	-Tra	 nsa	ctio	n (x)		
C	child (See p.3	CONTENTS OF REF	ange by you, your spouse, or dependent PORTS Part B of Instructions) during the	т	nsac ype (										•		000	
reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.  Identification of Assets    IBM Corp. (stock) NYSE					Sale	Exchange	Transaction Date (Mo., Day, Yr.)	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	5,000,001 - \$50,000,	ver \$50,000,000
_	S,			n. Y	6		2/1/1	↔	\$	\$5	\$1	\$2	₩	0	\$1	\$2	₩.	ó
	Example: DC, or J	(DC) Microsoft (stock)	<del></del>	^	X		2/1/1X 1/27/1X		X		Х	E	X	A	M	P		E
1	Family Farm	, Grain Valley, MO (Acq	uired the farm through inheritance)		Х		12/16/2011			Х		_					_	<u> </u>
2					-												$\dashv$	
3							·									$\dashv$	$\dashv$	<u>.                                    </u>
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1		· · · · · · · · · · · · · · · · · · ·																

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	eporting Individual's	Name	ment	PART VII.	LIAE	BILITIE	S									Pag	je Numb	)er
CONTENTS OF REPORTS Part B of during the reporting period. Check the period. Exclude: (1) Mortgages on you secured by automobiles, household fur		t B of Instructions), to eck the highest amou on your personal res old furniture or appli	ed by you, your spouse, or dependent child (See p.3 of Instructions), to any one creditor at any time k the highest amount owed during the reporting n your personal residences unless rented; (2) loans ld furniture or appliances; and (3) liabilities owed to one. See Instructions for reporting revolving charge		Interest Rate	Term if Applicable	\$10,001 - \$15,000	000 - \$50,000	teg - \$100,000	001 - \$250,000	of A 000,000 - 100	- \$1,000,000	00,000	,000,000 - \$5,000,000	001 - \$25,000,000	,000,000 - \$50,000,000	\$50,000,000	
	Name o	of Creditor	Address	Address Type of Liability				\$10,0	\$15,0	\$50,0	\$100,	\$250,	\$500,001	Over \$1,0	\$1,00	\$5,000,	\$25,0	Over
	S, Example: DC,	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	25yrs			Х		E	X	Α	М	Р	L	Ε
	or J	(J) John Jones	Wash., DC	Promissory Note	2000	10%	On dmd				Х	Ε	X	A	M	Р	L	E
1	Bank of Hays		Hays, KS	Refinance of personal home	2011	4.85%	7 yrs			Х							:	
2 Bank of Hays		Hays, KS	Home equity line of credit	2009	5%	10 yrs			Х			;						
3														-		_		
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12		•									_	_					$\neg$	

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.

Reporting	(uq\bar{\bar{A}}q\bar{A}\bar{A}	Degra	<b>5</b> Ç	Ê Ami	ndment

## PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Page Number

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	Addres	s (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Ex	ample:	National Assn. of Rock Collectors	NY,NY	EXAMPLE	Non-profit education	President	6/91	Present
J		Jones & Smith	Hometown, USA	EXAMPLE	Law Firm	Partner	7/96	11 / 1X
1	Ft. Hay	s State University	Hays, KS		University	Trustee		Present
2	Univers	sity of Kansas	Lawrence, KS		University	Governor		Present
3	<u>_</u>	•						
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13	<u> </u>		<u> </u>			<u> </u>		
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Compensation in excess of \$200 from any position must be reported in Part II.