UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS														
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Amendment st Name	First Name and Middle Initia		Calendar Year Covered by Report	Senate Office / Agency in Which Employe										
PAUL	RANC)	·		THE COUNTY OF THE SECOND SECON									
nate Office Address (Number, Street, City, State, and ZIP (Code) Senate Office Telephone N	lumber (Include Area Code	Termination Report Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed										
AFTER READING THE INSTR	UCTIONS - ANSW	ER EACH OF	THESE QUESTIONS	AND ATTACH THE RELE	VANT PART									
		I VEG I NO I		ent child receive any reportable travel	15 19 LEG									
id any individual or organization make a donat aying you for a speech, appearance, or article Yes, complete and attach PART I.	ion to charity in lieu of in the reporting period?		reimbursements for travel in the r \$350 from one source)? If Yes, complete and attach PAR	F VI.										
id you or your spouse have earned income (envestment income of more than \$200 from any eporting period? Yes, complete and attach PART II.	g., salaries or fees) or non- reportable source in the		(more than \$10,000) during the real of Yes, complete and attach PAR	l VII.										
old you, your spouse, or dependent child hold note than \$1,000 at the end of the period, or renvestment income of more than \$200 in the restress, complete & attach PART IIIA and/or IIIB	porting period?	X	current calendar year? If Yes, complete and attach PAR	<u> </u>										
oid you, your spouse, or dependent child purch eportable asset worth more than \$1,000 in the Yes, complete and attach PART IV.	nase, sell, or exchange any		Do you have any reportable agreentity? If Yes, complete and attach PAR	ement or arrangement with an outsid	e									
oid you, your spouse, or dependent child rece eporting period (i.e., aggregating more than \$ exempt)?	350 and not otherwise		\$5,000 from a single source in the life Yes, complete and attach PAR	(1 入, 	7 m 7 m 7 m 7 m 7 m 7 m 7 m 7 m 7 m 7 m									
f Yes, complete and attach PART V.	i at be encuered a	and the appro	priate PART attached	for each "YES" respons	se.									
Each question n	iust pe answered c	illa the apply		2000 (2000)	• • - • • • • • • • • • • • • • • • • •									
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UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE FILERS Amendment First Name and Middle Initial Senate Office / Agency in Which Employed Date of Employment (mm/dd/yy) Last Name RAND PAUL Candidate Report Senate / Candidate Office Telephone No. Senate / Candidate Office Address (Number, Street, City, State, and ZIP) Candidate Reporting Period State in which you are a candidate Commencement of Candidacy (mm/dd/yy) AFTER READING THE INSTRUCTIONS – ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART NO YES YES NO Did you or your spouse have earned income (e.g., salaries or fees) or non-Did you hold any reportable positions during the reporting period? investment income of more than \$200 from any reportable source in the If Yes, complete and attach PART VIII. reporting period? If Yes, complete and attach PART II. Did you have any reportable agreement or arrangement with an outside 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 entity on the filing date? or investment income of more than \$200 in the reporting period? If Yes, complete and attach PART IX. If Yes, complete and attach PART IIIA and/or IIIB. Did you receive compensation of more than \$5,000 from a single source in Did you, your spouse, or dependent child have any reportable liability the two prior years? (more than \$10,000) during the reporting period? If Yes, complete and attach PART X. If Yes, complete and attach PART VII. Each question must be answered and the appropriate PART attached for each "YES" response. FOR OFFICIAL USE ONLY Do Not Write Below this Line

	/ <u> </u>			Page Number
Reporting Individual's Name	Amendment	PART II.	EARNED AND NON-INVESTMENT INCOME	
	t i			

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	Add	lress (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	EXAMPLE	Salary Salary	\$15,000 Over \$1,000
cxample.	MCI (Spouse)	Arlington, VA	EXAMPLE		•
51	ENATE		·-····································	174,000	Salary
H	achette	23" Park Av	e NYC NY	90 000	royalty
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	5 MG consulting (Kelley Paul)	7669 Stagers	Loop Oclaware Uhio		consulting
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Reporting Individual's Name	Land Control C															Page	Number															
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly		BLOCK B Valuation of Assets At the close of reporting period. If None, or less than \$1,001,									BLOCK C Type and Amount of Income																					
traded asset held by you, your spouse, or your dependent child, (See p.3,	<u> </u>		c	heck	the fi	rst co	olum	n.		-		Type of Income											 		Am	oun	t of	fine	com	1e	<u> </u>	
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 PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment fund, bank account, excepted and qualified blind trust, and publicly traded asset of a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$100,001 - \$250,000	=	- 100,	Over \$1,000,000***	- 100,00	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000		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	\$1,00	0,1	er \$5,000,000	Actual Amount Required if "Other" Specified
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EXEMPTION TEST (see instructions before marking box) *** This category applies only if the asset is/was held inde): If you	u om ently	itted any	y asse pous	et bed e or d	ause iepen	it m	eets i child	the th	ree- he a	part sset i	test : is/wa	for ex as eit	kemp her h	otion neld t	desc by the	ribed e filer	in th	ne ins pintly	structions, held, use	oleas he o	e cho ther o	eck to categ	ox to jories	the of v	right value,	, as a	арргс	priat	te.		

Parting Individual's Name Amendment PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES														Page	Number																		
BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources Report the name, address (city, state and		BLOCK B Valuation of Assets At the close of reporting period. If None, or less than \$1,001, check the first column.								Type of Income BLOCK C Type and Amount of Income Type of Income Amount of Income																							
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 non-public 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.	None (or less than \$1,001)	1 - \$15,000	\$15,001 - \$50,000	📅	· 1	- \$5	ï	90	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	000,00	•	Dividends		Interest	Sains	d Investment Fund	Trust	ust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	11 -	\$5,000	\$15,000	0	- \$100,000	1 - \$1,000,000	***000,000	\$1,000,001 - \$5,000,000	00,	Actual Amount Required if "Other" Specified
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or J Undeveloped land, Dubuque, Iowa	1				Х								×	-	┝	-		┼-			Example	×											Example
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EXEMPTION TEST (see instructions before marking box): *** This category applies only if the asset is/was held indep	If you	u omit	ted a	ny as	set b	pecal	use it	t me	L ets th	ne thr	ree-p	art ti	est fo	or exe	empi	tion o	desci	ribed	in the	e inst	ructions, place the	lease le off	e che	ck bo	ox to	the of va	right. alue.	as a:	pror	oriate	· :.		

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See B.3, CONTENTS OF REPORTS, Part B of Instructions), to any one creditor at any time during the reporting period. Exclude: (1) mortgages on your personal residences unless reporting period. Exclude: (1) mortgages on your personal residences unless reporting period. Exclude: (1) mortgages on your personal residences unless reporting period. Exclude: (1) mortgages on your personal residences unless reporting period. Exclude: (1) mortgages on your personal residences unless reporting period. Exclude: (1) mortgages on your personal residences unless reporting period. Exclude: (2) mortgages on your personal residences unless reporting period. Exclude: (3) liabilities owed to certain relatives listed in instructions. See instructions for reporting revolving charge accounts. Name of Creditor Address Type of Liability Address Type of Liability Part District Bank Wesh, DC Promissory Notes April 13% 1 pt 25 yrs First District Bank Wesh, DC Promissory Notes April 13% 7 o 157 N N N N N N N N N N N N N N N N N N N															Page	Page Number				
Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.s.). 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 reporting period. Exclude: (1) mortgages on your personal residences unless formeted (except for Senators); (2) loans secured by automobiles, household remotive 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 Mortgage on undeveloped fined Beautiful John Jones Wesh, DC Personal (**sivina*) April 25 yrs X E X A M P L E C C C C C C C C C	Reporting Individual's N																			
Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.s.). 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 reporting period. Exclude: (1) mortgages on your personal residences unless formeted (except for Senators); (2) loans secured by automobiles, household remotive 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 Mortgage on undeveloped fined Beautiful John Jones Wesh, DC Personal (**sivina*) April 25 yrs X E X A M P L E C C C C C C C C C	_			<u>.:</u>					С	ate	gor	y of	Am	ioui	nt of	f Va	lue	<u>(x)</u>		
Name of Creditor Address Historica Bank Wash, DC Mortgage on undeveloped land 1992 13% 1pt 25 yrs X	p.3, CONTENT time during the reporting perio rented (except	reporting period. d. Exclude: (1) modern (2) lice.	Check the highest among the construction of manages and control person to certain the certain control person to certain the certain certain the certain certain the certain certain the certain certai	nount owed during the onal residences unless tomobiles, household in relatives listed in	ate Incurred	st	scount Points Pai tgage (Senators	erm if	-\$15,000	001 - \$50,000	\$100,000	- \$250,000	- \$500,000	- \$1,000,000	r \$1,000,000***	301 - \$5,000,000	001 - \$25,000,000	,001 - \$50,000,000	000,000,00	
Sexample: DC	Nama	of Craditor	Address	Type of Liability					\$	₩.	₩	÷	┿╍╍╍┩				┷	-	긑	
Example: D.C. First District Lemn (J) John Jones West., DC Promissory Note 2000 10% n/a C n amo X C X X X X X X X X	Name			Mortgage on undeveloped land	1992	13%	1 pt	25 yrs		_	X		╇╌╌	├──-	╀┈┈┦	┞──┪	├─ ──		<u>-</u>	
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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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BARBARA BOXER, CALIFORNIA, CHAIRMAN OHNNY ISAKSON, GEORGIA, VICE CHAIRMAN

MARK L. PRYOR, ARKANSAS SHERROD BROWN, OHIO PAT ROBERTS, KANSAS JAMES E. RISCH, IDAHO

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Schaff George

Telephone: (202) 224-2981 Facsimile: (202) 224-7416 TDD: (202) 228-3752

United States

SECOND AND CONSTITUTION AVENUE, NE WASHINGTON, DC 20510-6425

SELECT COMMITTEE ON ETHICS

٤.

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 Sassaman

cc: Secretary of the Senate