

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT

FOR ANNUAL AND TERMINATION FILERS

<input type="checkbox"/> Amendment	
Last Name	First Name and Middle Initial
Barrasso	John A
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)
307 Dirksen Senate Office Building Washington, DC 20510	202-224-6441
Senate Office / Agency in Which Employed	Termination Report
Senator John Barrasso	Termination Date (mm/dd/yy)
	2012

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 checked="" 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 checked="" 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.

<div style="border: 1px solid black; height: 200px; width: 100%;"></div>	FOR OFFICIAL USE ONLY Do Not Write Below this Line
	THE SENATE MAY 10: 28

Reporting Individual's Name		PART II. EARNED AND NON-INVESTMENT INCOME		Page Number	
John Barrasso				2	
<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	Example	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Example	Salary	Over \$1,000
1	Casper Orthopaedics Associates, PC (see Part IX)	Casper, WY		Partnership Distribution	\$13,766
2	Wyoming Surgical Center, LLC (see Part IX)	Casper, WY		Partnership Distribution	\$19,625
3	Tanner Companies (Spouse)	Rutherfordton, NC		Salary	\$1,000
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Reporting Individual's Name John Barrasso		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES										Page Number 3											
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.										If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.											
		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	\$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: DC, S, or J		Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example	Example
1	Tamarack Prime Money Market Fund (IRA)																						
2	First Interstate Bank (Checking Account)																						
3	Jonah Bank (Checking Account)																						
4	Vanguard Total Stock Market Index Fund Admiral Shares																						
5	Vanguard Prime Money Market Fund (RT FD)																						
6	Vanguard Total Inflation Protection Securities Fund Admiral Shares (RT FD)																						
7	Berkshire Hathaway (Stock) (IRA)																						
8	Vanguard Tax Exempt Money Market Fund																						
9	Vanguard Real Estate Investment Trust Index Fund Admiral Shares (RT FD)																						
10	Hilltop National Bank (Checking Account)																						

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 jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name John Barrasso		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES										Page Number 4	
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		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.		If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.											
		BLOCK B Valuation of Assets		BLOCK C Type and Amount of Income									
		At the close of reporting period. If None, or less than \$1,001, Check the first column.											
		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											
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		\$50,001 - \$100,000											
		\$100,001 - \$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											
		Actual Amount Required if "Other" Specified											
Example: DC, or J		Example											
S, IBM Corp. (stock)		Example											
(S) Keystone Fund													
1 Wells Fargo Bank (Checking Account)													
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Instructions please

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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.

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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.

PART VII. LIABILITIES

John Barrasso

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.

[illegible]

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.

PART IX. AGREEMENTS OR ARRANGEMENTS

Report your agreements 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.

Status and Terms of any Agreement or Arrangement		Parties	Date
Example:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/1X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA	1 / 94
	Employment agreement with XYZ Co. to become Vice President of Government Relations. Terms of agreement include salary between \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock options	XYZ Co., Bethesda, MD	1 / 1X
1	Pursuant to partnership agreement all departing physicians must sell ownership of Casper Orthopaedics Associates, PC at the time of departure.	Casper Orthopaedics Associates, PC 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 2012 in monthly payments.		
3	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
4	cont. Periodic payout is based on pre-determined valuation of assets. Payout will begin on October 1, 2007 through September 2017 in annual payments.		
5	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	10/02
6	Dr. Matthew Mitchell 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. Paid in full CY 2012.	Wyoming Orthopaedics Institute, LLC Casper, WY	10/08
7	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
8	Dr. Damien Yaked 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. Paid in full CY 2012.	Wyoming Orthopaedics Institute, LLC Casper, WY	10/08
9	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.	Wyoming Orthopaedics Institute, LLC Casper, WY	7/12
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