FOR OFFICIAL USE ONLY
Do Not Write Below this Line ART YES SECRETARY OF THE SENATE Building, Δ PM 2: 29 12 MAY 15 RELEVANT 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. Did you, your spouse, or dependent child receive any reportable travel or Did you hold any reportable positions on or before the date of filing in the Senate Office / Agency in Which Employed agreement or arrangement with an outside Prior Office / Agency in Which Employed reimbursements for travel in the reporting period (i.e., worth more than amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office or dependent child have any reportable liability response Senator John Barrasso The statement will be made available this report may be subject to civil and by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee 工品 Date (Month, Day, Year) Date (Month, Day, Year) "YES" **ATTACH** REPORT (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII. attached for each and Attach PART VIII. If Yes, Complete and Attach PART VI If Yes, Complete and Attach PART IX AND REPORTS DISCLOSURE overed by Report: STIONS Termination Report
Termination Date (mm/dd/yy): Do you have any reportable \$350 from one source)? current calendar year? Did you, your spouse, Annual Report Calendar Year Co Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date AND TERMINATION THESE QUE Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file inctions. (See 5 U.S.C. app. 4, § 104, and 18 U.S.C. § 1001.) This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. If Yes, Complete Each question must be answered and the appropriate PART STATES SENATE FINANCIAL 2011 For Official Use Only - Do Not Write Below This Line
Signature of Reviewing Official entity? Senate Office Telephone Number (Include Area Code) AFTER READING THE INSTRUCTIONS - ANSWER EACH OF 오 Signature of Reporting Individual YES ANNUAL 20 20 First Name and Middle Initial Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise 202-224-6441 Did you or your spouse have earned income (e.g., salaries or fees) or non any If Yes, Complete and Attach PART II.

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. investment income of more than \$200 from any reportable source in the 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? or exchange FOR Did you, your spouse, or dependent child purchase, sell, or exchire reportable asset worth more than \$1,000 in the reporting period? If Yes, Complete and Attach PART IV. John A UNITED City, State, and ZIP Code) criminal sanctions. (See 5 U.S.C. app. 295 If Yes, Complete and Attach PART V. If Yes, Complete and Attach PART I. It is the Opinion of the reviewer that complete and correct to the best of are in compliance with Title I of the File this report and any Senate Office Address (Number, Street, 307 Dirksen Senate Office Building Washington, DC 20510 the statements made in this form 0000000 I CERTIFY that the statements I have made on this form and all attached schedules are true Ethics in Government Act. my knowledge and belief. Certification **Amendment** reporting period? on Ethics. Barrasso exempt)? Last Name

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Reporting Individual's Name Amendment John Barrasso Amendment PART II. EARNED AND NON-INVESTMENT INCOME
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Page Number

2

of Instructions.) Do not report income from employment by the 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 renort income from amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not renort income from amount needs to be specified for your spouse. 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 Do not include payments in lieu of honoraria reported on Part I. (speech, appearance or article) generating such honoraria payment.

;		Name of Income Source	Addres	Address (City, State)	Type of Income	Amount
Ú	Evernole:	JP Computers	Wash., DC	EXAMPLE	Salary	\$15,000
1	Admiple.	MCI (Spouse)	Artington, VA	EXAMPLE	Salary	Over \$1,000
-	Casper	er Orthopaedics Associates, PC (see Part IX)	Casper, WY		Partnership Distribution	\$16,519
7		Wyoming Surgical Center, LLC (see Part IX)	Casper, WY		Partnership Distribution	\$19,625
က	Tanner	er Companies (Spouse)	Rutherfordton, NC		Salary	over \$1,000
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Required Specified Amount "Other" Example Actual Example Page Number 3 Over \$5,000,000 000'000'9\$ - 100'000'1\$ of Income SOURCES ***000,000, r\$ 19VO 000'000'1\$ - 100'001\$ 000'001\$ - 100'09\$ Amount Amount of Income 000'09\$ - 100'91\$ × 92,001 - \$15,000 **UNEARNED INCOME** \$2,501 - \$5,000 \$1,001 - \$2,500 BLOCK \$201 - \$1,000 × None (or less than \$201) × × × × × × × Type and (Specify Example Example Type) Other Qualified Blind Trust Income Excepted Trust AND Excepted Investment Fund × ð Capital Gains Φ **ASSETS** Typ Interest × × × × Rent Dividends × × × × None **TRADED** × Over \$50,000,000 \$25,000,001 - \$50,000,000 000'000'9Z\$ - \$00'000'9\$ At the close of reporting period. If None, or less than \$1,001, PUBLICLY Valuation of Assets 000,000,2\$ - 100,000,1\$ Check the first column. × Over \$1,000,000,000 **BLOCK** 000'000'1\$ - 100'009\$ × \$250,001 - \$500,000 × × \$100,001 - \$250,000 × × × **≦** 000'001\$ - 100'09\$ × × \$15,001 - \$50,000 PART 000,212 - 100,12 × × × None (or less than \$1,001) First Interstate Bank (Checking Account) Fund (IRA) Vanguard Total Stock Market Index Fund Admiral Shares Report the complete name of each publicly ot Money Market Fund y Market Fund (RT FD) Hilltop National Bank (Checking Account) (Spouse) traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of investment which: (1) had a value exceeding \$1,000 at the (Stock) (IRA) identification of each public bond, mutual fund, publicly traded partnership interest, Amendment (2) generated over \$200 in "unearned" Instructions) for production of income or Jonah Bank (Checking Account) Assets period; and/or nt Trust Index Fund Adminst income during the reporting period. Include on this PART IIIA a complete Sources accounts, excepted and qualified blind assets of a a complete Tamarack Prime Money Market excepted investment funds, bank . (stock) raded Fund And Unearned Income á IBM Corp. Keystone Identity of Publicly T Vanguard Total Inflation Protecti Shares (RT FD) Berkshire Hathaw **BLOCK** Vanguard Prime Mone Vanguard Tax Exemp **F.**] trusts, and publicly traded Vanguard Real Estate Investme Shares (RT FD) close of the reporting (0) **医生物的复数异** Reporting Individual's Name John Barrasso <u>છ</u> retirement plan. ا ا Example: DC, 5 3 ဖ 2 S 6 $\boldsymbol{\omega}$

please check box to the right. the other categories of value, as appropriate any asset because it meets the three-part test for exemption described in the instructions, ie spouse or dependent child. If the asset is/was either held by the filer or jointly held, use s *before marking box)*: If you omitted any asset because it meets that see is the sect is the sect is the sect of dependent child. EXEMPTION TEST (see instruction:

Amount Specified Required Example "Other" Actual Example Page Number 4 Over \$5,000,000 000'000'9\$ - 100'000'1\$ of Income as appropriate. Over \$1,000,000,1** SOURCES 000'000'1\$ - 100'001\$ 000'001\$ - 100'09\$ **Amount** Amount of Income 212'001 - \$20'000 e three-part test for exemption described in the instructions, please check box to the right. If the asset is/was either held by the filer or jointly held, use the other categories of value, 22,001 - \$15,000 **UNEARNED INCOME** \$2,501 - \$5,000 \$1,001 - \$2,500 BLOCK \$201 - \$1,000 × None (or less than \$201) × × Type and (Specify Example Example Type) Qualified Blind Trust of Income Excepted Trust AND Excepted Investment Fund × Capital Gains Type **ASSETS** × Interest Rent Dividends × the three-part test for **euoN TRADED** Over \$50,000,000 \$25,000,001 - \$50,000,000 \$5,000,001 - \$25,000,000 At the close of reporting period. If None, or less than \$1,001, Valuation of Assets PUBLICLY EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the ""
This category applies only if the asset is/was held independently by the spouse or dependent child. 000,000,2\$ - 100,000,1\$ Check the first column. Over \$1,000,000, http://doi.org/10.0000/10.0000/10.000/10.0000/10.000/10.000/10.000/10.0000/10.000/10.000/1 BLOCK 000,000,1\$ - 100,000\$ \$250,001 - \$500,000 \$100,001 - \$250,000 × ≝ 000,001\$ - 100,05\$ × 12,001 - \$50,000 × PART 000'91\$ - 100'1\$ None (or less than \$1,001) Account) Report the complete name of each publicly ᆼ \$1,000 at the bond, mutual fund, publicly traded partnership interest, (2) generated over \$200 in "unearned" Amendment Ö close of the reporting period; and/or Identity of Publicly Traded Assets traded asset held by you, your spouse, income during the reporting period. e Sources accounts, excepted and qualified blind Instructions) for production of income Part B of trusts, and publicly traded assets of a Include on this PART IIIA a complete Wells Fargo Bank (Checking bank IBM Corp. (stock) en en your dependent child, (See p.3, CONTENTS OF REPORTS Par Keystone Fund And Unearned Incom (1) had a value exceeding identification of each public excepted investment funds, **BLOCK A** 00000000 Reporting-Individual's Name investment which: John Barrasso <u>છ</u> retirement plan. <u>ه</u> Example: DC, 9 S 7 9 ന 4 $\boldsymbol{\omega}$ σ

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	Reporting Individual's Name						Page Number
	John Barrasso	PART IIIB. NON-PUBLICLY TRA	RADED ASSETS AND U	NEARNED IN	COME SO	SOURCES	2
	BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources Report the name, address (city, state and	12 42 % 0 7		BLOCI Type and Amou	K C int of Income		
	description) of each interest held by you,		Type of Income		Amon	nt of Income	
	SNTS OF REPORTS Part B of 5 for the production of income int in a non-public trade or hich: value exceeding \$1,000 at the steed over \$200 in "unearned" during the reporting period; and/or above report for each above report for each business. Publicly traded by non-public entity may be it IIIA.	None (or less than \$1,001) \$1,001 - \$15,000 \$15,001 - \$60,000 \$100,001 - \$100,000 \$250,001 - \$250,000 \$250,001 - \$250,000 \$250,001 - \$1,000,000 \$250,000,001 - \$25,000,000 \$1,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000	None Dividends Rent Interest Capital Gains Excepted Investment Fund Excepted Trust Qualified Blind Trust	(Specify (Specify 4) (Specify	000,2\$ - 100,1\$ 000,2\$ - 100,2\$ 000,0\$ - 100,3\$	\$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000,000 \$1,000,001 - \$5,000,000	Actual Amoun Specifier Cyther, Other,
-	urer, son	×	X	Example			Example
			X	Example X			Example
_	Wyoming Orthopaedics Institute, LLC (real estate partnership)						
7	1. Commercial Real Estate Casper, WY	X	×			×	
က	2. Undeveloped Land Casper, WY (land subdivided to create TOPOL-future sale)	X		×			
4	Dr. Steven Orcutt Casper, WY (accounts receivable-see Part IX)	*	×				
5	4. Matthew Mitchell Casper, WY (accounts receivable-see Part IX)	X	×		×		
9	5. Dr. Damien Yakel Casper, WY (accounts receivable-see Part IX)	X	X		×		
	6. Dr. Matthew Gorman Casper, WY (accounts receivable-see Part IX)	*	×	×			
8	Casper Orthopaedics Associates, PC Casper, WY (accounts receivable-see Part IX)			Partnership Distribution	-		\$16,519
6	Wyoming Surgical Center, LLC Casper, WY (accounts receivable-see Part IX)	*		Partnership Distribution			\$19,625
9							
Û !	EXEMPTION TEST (see instructions before marking box): If yo	you omitted any asset because it meets the three-part test ndently by the spouse or dependent child. If the asset is/w	t for exemption described in the ins as either held by the filer or jointly	structions, please check held, use the other cate	neck box to the right. categories of value, as	as appropriate.	

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Note Part Note	PART VII. L	IABILI	ITIES	S								20 20	Page Number	
Creditor Applies App						Cate	gor	5	Amo		of V	alue	S	
editor Address Type of Liability 1992 13% 25/ms Type of Liability LObstrict Bank Wash, DC Mortgage on undeveloped land 1992 13% 25/ms X E X M P L Home Mortgage Dee Moines, IA Mortgage-Refinance 2011 3.75% Xmin X E X M P L Home Mortgage Dee Moines, IA Mortgage-Refinance 2011 3.75% Xmin X E X M P L Home Mortgage Dee Moines, IA Mortgage-Refinance 2011 3.75% Xmin X E X A M P L B D L D	d (See p.3 y time orting (2) loans s owed to g charge	Date Incurred	Interest Rate	eldsoilqqA ti maeT	· ·	000'09\$ - 10	000,00 r & - r c					000,000,82\$ - 100,0	000'000'09\$ - 100'00	000,000,034
Losential Losential Masth., DC Mortgage on undeveloped land 1392 13% 25yra X E X A M P L Home Mortgage Des Moines, IA Mortgage-Refinance 2011 3.75% 10% 00 10% 00 X R N P L Home Mortgage Des Moines, IA Mortgage-Refinance 2011 3.75% 10% N X N N R N I	bility				0,01\$							00'9\$	\$ 52°0	Over
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EST <i>(see instructions before marking box)</i> : If you omitted any asset because it meets the three-part test for e applies only if the asset is/was either hele			exemption d by the file	exemption described by the filer or jointly	exemption described in the d by the filer or jointly held, us	exemption described in the d by the filer or jointly held, u	exemption described in the instructions, d by the filer or jointly held, use the other c	exemption described in the instructions, please of by the filer or jointly held, use the other categories	exemption described in the instructions, please check d by the filer or jointly held, use the other categories of va	exemption described in the instructions, please check box to d by the filer or jointly held, use the other categories of value, as	exemption described in the instructions, please check box to	exemption described in the instructions, please check box to	exemption described in the instructions, please check box to	exemption described in the instructions, please check box to

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PART IX. AGREEMENTS OR ARRANGEMENTS

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Page Number

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 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 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA EXAMPLE	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 EXAMPLE	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
, 4	2 cont. Period	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	o 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
7	4 cont. Period	Periodic payout is based on pre-determined valuation of assets. Payout will begin on October 1, 2007 through September 2017 in annual payments.		
47	5 Dr. Steven Orcutt is 2014.	ud is currently buying into the real estate partnership of Wyoming Orthopaedics Institute, LLC and paying each partner quarterly over a 10 year punchase period to end on October 1,	Wyoming Orthopaedics Institute, LLC Casper, WY	10/02
w	Dr. Matthew Mil penathy.	Matthew Mitchell is currently buying into the real estate partnership of Wyoming Orthopeedics Institute, LLC and paying each partner over a 10 year purchase period but allowed to prepay without rathy.	Wyoming Orthopaedics Institute, LLC Casper, WY	10/08
1	7 Dr. Matthew Gorman is	rman 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
w	Dr. Demien Yek penalty.	Dr. Damien Yakel is currently buying into the real estate partnership of Wyoming Orthopeodics Institute, LLC and paying each partner over a 10 year purchase period but allowed to prepay without penalty.	Wyoming Orthopaedics Institute, LLC Casper, WY	10/10
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