

## UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

Last Name <b>PAUL</b>	First Name and Middle Initial <b>RAND</b>	Annual Report Calendar Year Covered by Report: <b>2009</b>	Senate Office / Agency in Which Employed
Senate Office Address (Number, Street, City, State, and ZIP Code) <i>1019 State St Bowling Green KY 42104</i>	Senate Office Telephone Number (Include Area Code) <i>202 246 6363</i>	Termination Report Termination Date (mm/dd/yy):	Prior Office / Agency in Which Employed <b>KY</b>

### 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 \$335 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 checked="" type="checkbox"/>	<input 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 checked="" 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 \$335 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.**

**File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4, 104, and 18 U.S.C. 1001.)

FOR OFFICIAL USE ONLY  
Do Not Write Below this Line

Certification <i>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</i>	Signature of Reporting Individual 	Date (Month, Day, Year) <b>6/17/10</b>
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For Official Use Only - Do Not Write Below This Line

It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official 	Date (Month, Day, Year)
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SECRETARY OF THE SENATE  
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## UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS

Last Name  <b>PAUL</b>	First Name and Middle Initial  <b>RAND</b>	New Employee Report Date of Employment (mm/dd/yyyy):	Senate Office / Agency in Which Employed
Senate/Candidate's Office Address (Number, Street, City, State, and ZIP) <b>1019 State Street Bowling Green KY 42104</b>	Senate/Candidate Office Telephone No. <b>202 246-6363</b>	Candidate Report Commencement of Candidacy (mm/dd/yyyy): <b>08/09</b>	State in which you are a candidate  <b>KY</b>

### AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

		YES	NO			YES	NO
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 hold any reportable positions during the reporting period? If Yes, Complete and Attach PART VIII.	<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 and Attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Did you have any reportable agreement or arrangement with an outside entity on the filing date? If Yes, Complete and Attach PART IX.	<input type="checkbox"/>	<input checked="" 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 receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, Complete and Attach PART X.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Each question must be answered and the appropriate PART attached for each "YES" response.**

**File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4, 104, and 18 U.S.C. 1001.)

**FOR OFFICIAL USE ONLY  
Do Not Write Below this Line**

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	[REDACTED SIGNATURE]	<b>6/17/10</b>
<b>For Official Use Only - Do Not Write Below This Line</b>		
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)

Reporting Individual's Name <b>RAND PAUL</b>	<b>PART II. EARNED AND NON-INVESTMENT INCOME</b>	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	RAND PAUL MD PSC	Bowling Green KY 42103	salary	163,000
2	Rental Income Alchemy LLC	Bowling Green KY 42103	rental income	99,379
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**PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

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 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.		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	Over \$5,000,000	Actual Amount Required if "Other" Specified
		S, Example: DC, or J	JP Computer, Software Design, Wash DC			X								Example	X							Example	X										Example	
1	Bowling Green KY 42108				X									X													X							
2	Bowling Green KY 42103			X										X													X							
3	Destin FL 32541				X																					X								
4																																		
5																																		
6																																		
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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.

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources  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.	BLOCK B Valuation of Assets  At the close of reporting period. If None, or less than \$1,001, Check the first column.								BLOCK C Type and Amount of Income																						
									Type of Income					Amount of Income					Actual Amount Required if "Other" Specified												
	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***
Example: S. IBM Corp. (stock)			X									X								Example	X									Example	
Example: DC, or J (S) Keystone Fund				X													X			Example	X									Example	
1 Janus Fund	X											X										X									
2 William Paul <del>Janus</del> 529 GIFT College			X									X										X									
3 Dunbar Paul 529 GIFT College			X									X										X									
4 Robt Paul 529 GIFT College			X									X										X									
5																															
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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.

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; (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	Date Incurred	Interest Rate	Term if Applicable	Category of Amount of Value (x)											
						\$10,001 - \$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	
S. Exemptor: DC. or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1991	13%	25yrs			X		E	X	A	M	P	L	E
	(J) John Jones	Wash., DC	Promissory Note	1999	10%	On dmd				X	E	X	A	M	P	L	E
1	Bowling Green KY 40309	commercial mortgage								X							
2	Bowling Green KY 40303	none															
3	Oestich FL 32541	Commercial mortgage								X							
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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.

Reporting Individual's Name  
 RAND PAUL

**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.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY, NY <b>EXAMPLE</b>	Non-profit education	President	6/90	Present
	Jones & Smith	Hometown, USA <b>EXAMPLE</b>	Law Firm	Partner	7/95	11/0X
1	RAND PAUL MD PSC	Bowling Green KY	Medical Practice	Physician/owner	12/07	present
2		42103				
3	Alchemy LLC	Bowling Green KY 42103	Real Estate	owner	2003	present
4	National Board of Ophthalmology	1945 Scottsville Rd Bowling Green KY 42107	Education	President	1997	present
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Compensation in excess of \$200 from any position must be reported in Part II.

Reporting Individual's Name <b>RAND PAUL</b>	<b>PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE</b>	Page Number
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**FIRST TIME FILERS ONLY:**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

	Name of Source	Address of Source	Brief Description of Duties
Example:	Jones & Smith	Hornstown, TX	Legal Services <span style="float: right;"><b>EXAMPLE</b></span>
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction <span style="float: right;"><b>EXAMPLE</b></span>
1	RAND PAUL MD PSL	1332 Andra St Bowling Green KY 42103	Physician
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