

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT

Please provide the following information. Your signature **WILL NOT** be made available to the public.

Report Type:	<input checked="" type="checkbox"/> Annual	<small>Calendar Year</small> 2012	<input type="checkbox"/> New Employee	<input type="checkbox"/> Candidate	<input type="checkbox"/> Termination
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<small>Last Name</small> Gillibrand	<small>First Name and Middle Initial</small> Kirsten E	<small>Email Address</small> anne_bradley@gillibrand.senate.gov
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<small>Senate Office / Agency in Which Employed</small> Senator Kirsten Gillibrand	<small>Senate Office Address (Number, Street, City, State, and ZIP Code)</small> 478 Russell Senate Office Building	<small>Senate Office Telephone Number (Include Area Code)</small> 202-224-4451
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CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, United States Senate, Washington, DC 20510.

This Financial Disclosure Report is required by the Ethics in Government Act of 1978, as amended. This report will be made available by the Office of the Secretary of the Senate 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**

<small>Certification</small>	<small>Signature of Reporting Individual</small>	<small>Date (Month, Day, Year)</small>
<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>		5/9/13

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<small>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.</small>	<small>Signature of Reviewing Official</small>	<small>Date (Month, Day, Year)</small>

\$200 Penalty for filing more than 30 days after due date.

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

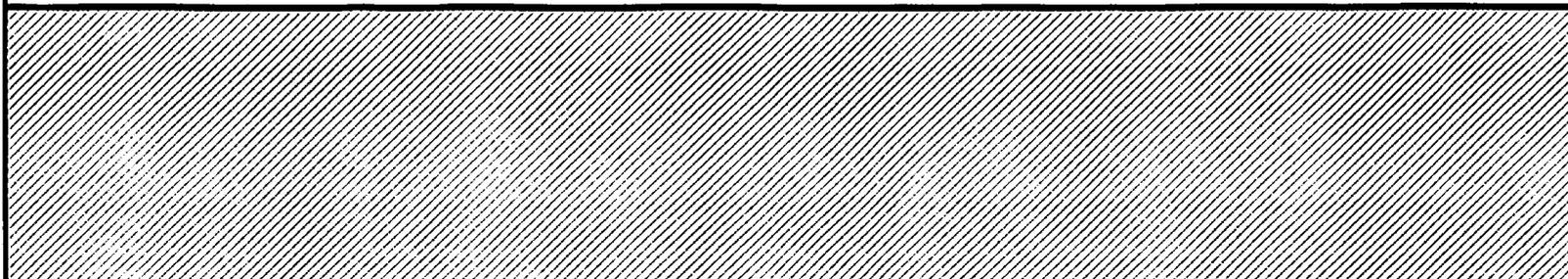
Amendment

Last Name	First Name and Middle Initial	Annual Report	
Gillibrand	Kirsten E	Calendar Year Covered by Report 2012	Senate Office / Agency in Which Employed US Senate
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report	
478 Russell Senate Office Building	202-224-4451	Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed

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 type="checkbox"/>	<input checked="" 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 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 \$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 <u>two</u> 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.



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Kirsten Gillibrand

PART II. EARNED AND NON-INVESTMENT INCOME

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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:	<i>JP Computers</i>	<i>Wash., DC</i> EXAMPLE	<i>Salary</i>	<i>\$15,000</i>
	<i>MCI (Spouse)</i>	<i>Arlington, VA</i> EXAMPLE	<i>Salary</i>	<i>Over \$1,000</i>
1	Port Imperial LLC (Spouse)	New York City, NY	Consulting Fee	Over \$1,000
2	Port Imperial LLC (Spouse)	New York City, NY	Salary	Over \$1,000
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PART IV. TRANSACTIONS

Kirsten Gillibrand

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Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions) during the 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

Example: S,
DC,
or J

IBM Corp. (stock) NYSE

(DC) Microsoft (stock) NASDAQ/OTC

Transaction Type (x)

Purchase	Sale	Exchange
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Transaction Date (Mo., Day, Yr.)

Amount of Transaction (x)

\$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
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1 J Sale of Vacant Lot in Mt. Merino, NY

Transaction Type (x)	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	\$25,000,001 - \$50,000,000	Over \$50,000,000
X	2/1/1X	X				E	X	A	M	P	L	E
	1/27/1X			X		E	X	A	M	P	L	E
	11/25/2012				X							

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.