UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT
FOR ANNUAL AND TERMINATION REPORTS

☐ Amendment

st Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report:	Senate Office / Agency in Which Employed
ubio	Marco A.	2011	Rubio/United States Senate
nate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number *(Include Area Code)*	Termination Report Termination Date (mm/dd/yy):	Prior Office / Agency in Which Employed
art Senate Office Building #317	(202) 224-3041		

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO
d any individual or organization make a donation to charity in lieu of ying you for a speech, appearance, or article in the reporting period? Yes, Complete and Attach PART I.	☐	☒
d you or your spouse have earned income (e.g., salaries or fees) or non-vestment income of more than $200 from any reportable source in the porting period? Yes, Complete and Attach PART II.	☒	☐
d you, your spouse, or dependent child hold any reportable asset worth ore than $1,000 at the end of the period, or receive unearned or vestment income of more than $200 in the reporting period? Yes, Complete & Attach PART IIIA and/or IIIB.	☒	☐
d you, your spouse, or dependent child purchase, sell, or exchange any portable asset worth more than $1,000 in the reporting period? Yes, Complete and Attach PART IV.	☒	☐
d you, your spouse, or dependent child receive any reportable gift in the porting period (i.e., aggregating more than $350 and not otherwise xempt)? Yes, Complete and Attach PART V.	☐	☒

	YES	NO
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.	☐	☒
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.	☒	☐
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.	☒	☐
Do you have any reportable agreement or arrangement with an outside entity? If Yes, Complete and Attach PART IX.	☐	☒
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.	☐	☒

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

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

his Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available y the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee n Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and riminal 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)
CERTIFY that the statements I ve made on this form and all tached schedules are true, mplete and correct to the best of y knowledge and belief.		5/15/12

For Official Use Only - Do Not Write Below This Line

	Signature of Reviewing Official	Date (Month, Day, Year)
is the opinion of the reviewer that e statements made in this form e in compliance with Title I of the thics in Government Act.		

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87

Reporting Individual's Name	☐ Amendment	PART II. EARNED AND NON-INVESTMENT INCOME	Page Number
Rubio, Marco A.			2

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* **EXAMPLE**	*Salary*	*$15,000*
	MCI (Spouse)	*Arlington, VA* **EXAMPLE**	*Salary*	*Over $1,000*
1	Florida International University	Miami, FL	Salary	$14,034
2	JDR Events, Inc. (Spouse)	Miami, FL	Distribution	Over $1,000
3				
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Reporting Individual's Name: Rubio, Marco A. ☐ Amendment

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

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

	BLOCK A: Identity of Publicly Traded Assets And Unearned Income Sources	BLOCK B: Valuation of Assets — 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	BLOCK C: Type of Income — None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	Amount of Income — 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	*IBM Corp. (stock)*				X									X								*Example*		X									*Example*
	(S) *Keystone Fund*					X													X			*Example*	X											*Example*
1	ABA Retirement Funds, Stable Asset Return Fund			X															X				X											
2	ABA Retirement Funds, Bind Core Plus Fund		X																X				X											
3	ABA Retirement Funds, All Cap Equity Fund		X																				X											
4	ABA Retirement Funds, Small-Mid Cap Equity Fund		X																				X											
5	ABA Retirement Funds, Intl All Cap Equity Fund		X																				X											
6	Terremark Worldwide Inc.	X																X						X										
7																																		
8																																		
9																																		
10																																		

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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Reporting Individual's Name: Rubio, Marco A. ☐ Amendment

PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A — Identity of Non-Publicly Traded Assets and Unearned Income Sources

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.

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

	BLOCK A	BLOCK B: 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	BLOCK C: Type of Income — None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	Amount of Income — 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: S, DC, or J	JP Computer, Software Design, Wash DC				X										X							Example		X										Example
	Undeveloped land, Dubuque, Iowa					X								X								Example	X											Example
1	Citibank (Checking)		X											X									X											
2	Citibank (Savings)		X														X						X											
3	Scholars Choice Savings Account JDR for AR (Age Based Option 10-12)		X											X									X											
4	Scholars Choice Savings Accont JDR for DR (Age Based Option 7-9)		X											X									X											
5	FL Prepaid College Plan-Tallahasse for AR		X											X									X											
6	FL Prepaid College Plan-Tallahasse for DR		X											X									X											
7	FL Prepaid College Plan-Tallahasse for AR		X											X									X											
8	FL Prepaid College Plan-Tallahasse for DR		X											X									X											
9	Rental Property, Tallahassee FL					X										X											X							$22,249
10	Marco Rubio P.A. Accounts Receivable	X																				Ordinary												

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: Rubio, Marco A.

☐ Amendment

PART IV. TRANSACTIONS

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)	Transaction Type (x): Purchase	Transaction Type (x): Sale	Transaction Type (x): Exchange	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
	IBM Corp. (stock) NYSE	X			*2/1/1X*		X			E	X	A	M	P	L	E
	(DC) Microsoft (stock) NASDAQ/OTC		X		*1/27/1X*				X	E	X	A	M	P	L	E
1	Terremark Worldwide Inc.		X		5/11/11	X										
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PART VII. LIABILITIES

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, Example: DC, or J	*First District Bank*	*Wash., DC*	*Mortgage on undeveloped land*	*1992*	*13%*	*25yrs*			X		E	X	A	M	P	L	E
	(J) John Jones	*Wash., DC*	*Promissory Note*	*2000*	*10%*	*On dmd*				X	E	X	A	M	P	L	E
1	Sallie Mae	Wilkes-Barre, PA	Student loan	1996	4%	30 years				x							
2	GMAC	Waterloo, IA	Mortgage on Rental Property	2005	4%	30 years				x							
3	Chase	Columbus, OH	Home loan	2006	6.5%	30 years					x						
4	U.S. Century Bank	Miami, FL	Home Equity loan	2006	7.25%	10 years				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. ☐

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PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

eport any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an fficer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business nterprise 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 eld.

xclude: 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)
xample: National Assn. of Rock Collectors	*NY,NY* **EXAMPLE**	*Non-profit education*	*President*	*6 / 91*	*Present*
Jones & Smith	*Hometown, USA* **EXAMPLE**	*Law Firm*	*Partner*	*7 / 96*	*11 / 1X*
Florida International University	Miami, FL	University	Senior Fellow	5/11	Present

mpensation in excess of $200 from any position must be reported in Part II.

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