	First Name and Middle I	Initial		RMINATION REPORT	Senate Office / Agency in W	Which Employed		_
Johnson	Ronald H.			Calendar Year Covered by Report	U.S. Senate	vniat Employed		_
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone	e Number (Inc	lude Area Code		Prior Office / Agency in Wh	ich Empleyed		_
386 Russell Senate Building, Washington DC 20510	(202) 224-5323			Termination Date (mm/dd/yy):	N/A			
AFTER READING THE INSTRUC	TIONS - ANSV	VER EA	CH OF	THESE QUESTIONS	AND ATTACH THE	F RELEVA	NT D	-
		YES	NO				YES	
Did any individual or organization make a donation to paying you for a speech, appearance, or article in the If Yes, Complete and Attach PART I.	reporting period?		Y f	Did you, your spouse, or dependent eimbursements for travel in the rep from one source)? Yes, Complete and Attach PART	porting period (i.e., worth m	ore than \$335	TES	
Did you or your spouse have earned income (e.g., sa investment income of more than \$200 from any repor reporting period? If Yes, Complete and Attach PART II.	table source in the	X	tr	lid you, your spouse, or dependent \$10,000) during the reporting press, Complete and Attach PART	t child have any reportable			
Did you, your spouse, or dependent child hold any rep more than \$1,000 at the end of the period, or receive nvestment income of more than \$200 in the reporting f Yes, Complete & Attach PART IIIA and/or IIIB.	unearned or period?	X	D	id you hold any reportable position urrent calendar year? Yes, Complete and Attach PART	ns on or before the date of	filing in the	\times	<u>_</u>
Did you, your spouse, or dependent child purchase, so eportable asset worth more than \$1,000 in the report of Yes, Complete and Attach PART IV. NOT FED EMPI Did you, your spouse, or dependent child receive any eporting period (i.e., aggregation).	ng period?		l er	o you have any reportable agreem ntity? Yes, Complete and Attach PART		n outside		
eporting period (i.e., aggregating more than \$335 and xempt)? Yes, Complete and Attach PART V. NOT FED EMPL	not otherwise		\$5	this is your FIRST Report: Did yo 5,000 from a single source in the <u>t</u> Yes, Complete and Attach PART.	wo prior vears?	more than	X	
Each question must b	e answered ar	nd the	approp	riate PART attached for	or each "YES" res	sponse.		-
ile this report and any amendments with enate, Washington, DC 20510. \$200 Pen	the Coereteme - f	41 0			om 232, Hart Senate (Office Buildi	ng, U	j
his Financial Disclosure Statement is required by the Office of the Secretary of the Senate to an	y the Ethics in Gove	rnment A	ct of 1978	B, as amended. The statement	t will be made available	FOR OFFICI Do Not Write	AL USE	E
n Ethics. Any individual who knowingly and willf iminal sanctions. (See 5 U.S.C. app. 4, § 104, a	nd 18 U.S.C. § 100	thowingi 1.)	y and will	rully falls to file this report may	be subject to civil and		 .	
CERTIFY that the statements I	Signature of Repo	orting Individ	dual	Date	(Month, Day, Year)	1	-	
ve made on this form and all ached schedules are true, mplete and correct to the best of v knowledge and belief.				5/	11/11		MAY 16	
S the Online of the	or Official Use Only - D			s Line		f		
s the Opinion of the reviewer that	Signature of Rev	iewing Offic	ial	Date	(Month, Day, Year)	1	₽ ;	,
statements made in this form in compliance with Title I of the							ယ္က	1

Page Number

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)		Туре	of Income	Amount
Example:	JP Computers	Wash., DC Example		Salary	Example	\$15,000
	MCI (Spouse)	Arlington, VA Example		Salary	Example	Over \$1,000
Pacur	LLC	Oshkosh, WI			ensation	10,022,000
Pacur	, LLC	Oshkosh, WI		 	ıru İncome	75,000
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BLOCK A I	dentity of Publicly Traded Assets And Unearned Income Sources	+ ,	al Oct	/ D	Valu			A	-1- /					,													1	•	3				
LICHOLD BIE	COMPlete name of each hubblely traded asset hold by your		BLOCI eportir	ומיט עים	valu erior	iatio 1. If	n of Non	ASS e o	ets /	at the	e clo	se c)f	╟			7.	n.c	. Z 1:		BLOCK C	Тур	e an	d Ar	nour							_	
spouse, or	your dependent child. (See n.3. CONTENTS OF DEPORTS Day	H	120	9 1	380		2888	C, O	1633	u la	Title (,00	, inde	₩_	Sac		ı y	pe c	ot in	com	е	_				- /	۱mö	unt	of In	com	1 e		
value exc generated Include of mutual fu	ctions) for production of income or investment which: (1) had a ceeding \$1,000 at the close of the reporting period; and/or (2) d over \$200 in "unearned" income during the reporting period. In this PART IIIA a complete identification of each public bond, and, publicly traded partnership interest, excepted investment and accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	one (or less than \$1,001)	9	5,001 - \$50,000	50,001 - \$100,000	100,001 - \$250,000	250,001 - \$500,000	500,001 - \$1,000,000	Wer \$1,000,000 ***	,000,001 - \$5,000,000	,000,001 \$25,000,000	25,000,001 - \$50,000,000	er\$50,000,000	one)yidends	14		Sapital Gains	cèpted Investment Fund	cepted Trust	Other (Specify Type)	7,000	201 - \$1 000		501 - \$5 000	5	5,001 - \$50,000	001 - \$100,000	00,001 - \$1,000,000	\$1,000,000***	000,001 - \$5,000,000	non non ce	Ac Am Requ
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Ī	BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources	+	01.0	214																									o- ··	4				
- 1	Report the complete name of each publicly traded asset held by your your	1.	BLO	CK E	Va	luatio	on of	f Ass	sets /	At th	e ck	ose	of	TL.							В	LOCK C	Тур	e and	l Am	ount	of i	ncon	ne .					
	spouse, or your dependent child (See n.3. CONTENTS OF DEPORTS Dad		epor	arry	Pent)u. n	NOT	ાe, o	ries	s tha	an \$	1,00	11,	#	- In a		T	ype	of li	100	me		\perp						int c	finc	ome	е		
1	of instructions) for production of income or investment which: (1) had a		3								50			11	*	2									100	0			į.	6.9				
1	value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period.	ł		8	0.45		200			ı			4	Ш					*	١.,			10	2	4	ŝ		2	1				9	
1	module on this PART IIIA a complete identification of each public bond	3	4.7						107	L	0	8		11		Ö			e e												10			
ı	mutual lung, publicly traded partnership interest, excepted investment	Ö,		ŝ				8	1	8	8	Ö,		11			3	1	12		100		E	3	\$ 1 32		ľ.				9	3		
1	iditios, pank accounts, excepted and qualified blind trusts, and publicly	e e		le	8	8	8	Š	1	8	8	۱ĕ	6	11					E G	l	ısı	ê	ç	1	7				6	ŏ.		<u>2</u>		
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	genera Include mutual	ructions) for production of income or investment which: (1) had a exceeding \$1,000 at the close of the reporting period; and/or (2) ted over \$200 in "uneamed" income during the reporting period, on this PART IIIA a complete identification of each public bond, fund, publicly traded partnership interest, excepted investment bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	Vone (or less than \$1,001)	1,001 - \$15,000	15,001 - \$50,000	50,001 \$100,000	100,001 - \$250,000	200,000 - \$500,000 = 500,000 = 500,000	300,001 - \$1,000,000	1,000,001 - \$5,000,000	- \$25,00	25,000,001 - \$50,000,000	wer.\$50,000,000	one	Dividends	Rent	iterast	Sapital Gains	xcepted Investment Fund	cepted Trust	Qualified Blind Trust		one (or less than \$201).	01 - \$1,000	,001 - \$2,500	,501 - \$5,000	5,001 - \$15,000	5,001 - \$50,000	50,001 - \$100,000	1.0	,000,001 - \$5,000,000	000	Am Requ "Ot	her"
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170	J	Apple Computer Inc (stock)	 x	+-	\vdash	+	+	+-	+	+-	₩	 	Н	1	Х	┞	-	Х	Ш	\perp]			\Box		X	\Box						
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1	BLOCK A Id	entity of Publicly Traded Assets And Unearned Income Sources	<u> </u>	BLO	CK E	B Va	luati	on o	f As	sets	At th	e cl	ose of	-	т							0014.0						丄		9				
- 6	Report the	complete name of each publicly traded asset held by you, your our dependent child, (See p.3, CONTENTS OF REPORTS Part	1 -	epor	ting	peri	od. I	f No	ne, d	or les	s th	an \$	1,001				TV	рес	f In	con	ne BL	OCK C	ype	and	Amo	ount	of Ir	con	ne unt d	्टी ह	~~~			· ·
	value exc generated Include on mutual fui	ctions) for production of income or investment which: (1) had a seeding \$1,000 at the close of the reporting period; and/or (2) I over \$200 in "unearned" income during the reporting period. I this PART IIIA a complete identification of each public bond, nd, publicly traded partnership interest, excepted investment his accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	ine (or less than \$1,001)	7,4	15,001 - \$50,000	0,001_\$100,000	100,001 - \$250,000	74.13	00,001 - \$1,000,000	ľδ	000,001 - \$5,000,000	5,000,001 : \$25,000,000	,,000,,001 - \$50,000,000	ar \$50,000,000	vone Dividends	ıt	nlerest 💮 💮	apital Gains	cepted Investment Fund	cepted Trust	ualified Blind Trust	Other (Specify Type)	lone (or less than \$201)	1 - \$1,000	,001 - \$2,500	01 - \$5,000	5,001 - \$15,000				00 00 00 00 00 00 00 00 00 00 00 00 00	000,001 - \$5,000,000	60,000,000	Actual Amoun: Required
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Reporting Individual's Name Page Number PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES Ronald H. Johnson 10 **BLOCK A** BLOCK B BLOCK C **Identity of Non-Publicly Traded** Valuation of Assets Type and Amount of Income **Assets and Unearned Income Sources** At the close of reporting period. Report the name, address (city, state and If None, or less than \$1,001, description) of each interest held by you, Check the first column. your spouse, or your dependent child (See Type of Income Amount of Income 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 None (or less than \$1,001) \$25,000,001 - \$50,000,000 Excepted Investment Fund \$5,000,001 - \$25,000,000 \$1,000,001 - \$5,000,000 close of the reporting period; and/or Other \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$100,001 - \$1,000,000 (2) generated over \$200 in "unearned" \$100,001 - \$250,000 \$250,001 - \$500,000 \$50,001 - \$100,000 Over \$1,000,000*** Qualified Blind Trust \$15,001 - \$50,000 income during the reporting period. \$50,001 - \$100,000 Over \$50,000,000 \$1,001 - \$15,000 Over \$1,000,000*** None (or less than \$15,001 - \$50,000 (Specify \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 Include the above report for each Excepted Trust Type) Capital Gains \$201 - \$1,000 underlying asset, which is not incidental to Dividends the trade or business. Publicly traded Interest assets held by non-public entity may be None Rent listed on Part IIIA. JP Computer, Software Design, Х Example: DC. х Wash DC Example Х Undeveloped land, Dubuque, Iowa X Example Pacur, LLC (5% interest) Plastic Extrusion X Oshkosh, Wi X X Gross receipt X Associated Wealth Management - Associated 2 X Growth LifeStage Fund (401K), Investment Fund X X 3 Dynamic Drinkware, LLC (4% interest) Cup Mfg X Gross receipts (before exp) X Oshkosh, WI X Welsh Midwest RE Fund, LLC X x Commercial Real Estate Rentals, MN X Net rents X X Orchard at Picacho, LLC, Land X Development, Picacho, AZ X and sales RJH JKJ, LLC, Comm. Real Estate 6 Rental, Oshkosh, WI X X X 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.

Reporting Individual's Name
Ronald H. Johnson

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 held.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

_	N	ame of Organization	Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
E	xample:	National Assn. of Rock Collectors	NY,NY EXAMPLE	Non-profit education	President	6/91	Present
_	T	Jones & Smith	Hometown, USA EXAMPLE	Law Firm	Partner	7/96	11 / 1X
1	Pacur, L	LC	Oshkosh, WI	Manufacturing Co	Managing Member	1/98	11/10
2	Dynamic	Drinkware, LLC	Oshkosh, WI	Manufacturing Co	Managing Member	1/98	11/10
3	Threeflo	ow, Inc.	Oshkosh, WI	Inactive	President	12/08	1/10
4	Gramm	ie Jean Foundation, Inc.	Oshkosh, WI	Non-profit	President/Director	3/09	Present
5	Oshkosh Are	ea Community Foundation Investment Committee	Oshkosh, Wi	Non-profit community	Committee Member	9/04	12/10
ô	Green I	Bay Diocese Finance Council	Green Bay, WI	Non-profit religious	Board Member	10/04	5/10
7	Partners	in Education Council	Oshkosh, WI	Non-profit education	Business Co-Chair	9/08	10/10
3	Unified (Catholic Schools Foundation	Oshkosh, WI	Non-profit education	Board Member - President	1/10	5/10
9	Oshkosh	Chamber of Commerce	Oshkosh, WI	Non-profit community	Exec Committee/Chair Elect	10/09	5/10
0	Grand O	pera House	Oshkosh, WI	Non-profit education	Treasurer	11/08	5/10
1							
2							
3							

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



Ronald H. Johnson

PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

age Number

12

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 government as a source.

	Name of Source	Address of Source	Brief Description of Duties	·
Example:	Jones & Smith Metro University (client of Jones & Smith	Hometown, TX Moneytown, USA	Legal Services	EXAMPLE
1 Pacur,	LLC	Oshkosh, WI	Legal Services in connection with university construction Management Services	EXAMPLE
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