

2013 SEP 30 PM 1:38

OFFICE OF THE CLERK

U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT
 Period covered: September 1, 2013
 For use by candidates and new employees

Name: Philip Klinkie Daytime Telephone: _____

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>Minnesota</u>	Date of Election: <u>Nov. 2014</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	District: <u>6CD</u>	Employing Office: _____		

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?
 Yes No

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
 Yes No

SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

Name Philip Yunkie Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.
 Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
<i>Examples:</i> XYZ Corporation, Houston, TX First Bank & Trust, Houston, TX XYZ Trade Association, Chicago, IL (Rec'd December 2) Harris County, Texas Public Schools	Salary Director's Fee Honorarium Spouse Salary	\$8,300 \$400 0 NA	\$28,450 \$3,200 \$1,000 NA
The Snelling Co. Inc - HWAC	salary	\$100,000	\$100,000
Taxpayers League of MN	salary	\$42,000	\$80,000
Minnesota Hospital Assoc.	Spouse salary	\$157,000	\$157,000

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Name Philip Krivikie Page 2 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.

BLOCK B

Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

Table with columns for Value of Asset (A-M), Type of Income (NONE, DIVIDENDS, RENT, INTEREST, CAPITAL GAINS, EXCEPTED/BLIND TRUST, TAX-DEFERRED, Other Type of Income), and Amount of Income (Current Year, Preceding Year) across various asset categories.

Main table rows containing asset information: 1 The Shell Ind Co, Inc; 2 Krivikie; 3 Pk's Properties. Includes asset descriptions and addresses.

For additional assets and unearned income, use next page.

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Philip Krinkio Page 6 of 8

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income																							
	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income--(Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
	None	\$1 - \$1,000	\$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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII								
SP American Fund			X														X																												
SP Putnam Funds			X														X																												
SP College Board Fund			X														X																												
SP Lake Ridge Grindal					X												X																												
SP Lake Ridge Grindal					X												X																												
SP Yale 401K							X										X																												

This page may be copied if more space is required.

SCHEDULE III - LIABILITIES

Name Philip Krinkie Page 7 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred m/year	Type of Liability	Amount of Liability													
				A \$10,001 - \$15,000	B \$15,001 - \$50,000	C \$50,001 - \$100,000	D \$100,001 - \$250,000	E \$250,001 - \$500,000	F \$500,001 - \$1,000,000	G \$1,000,001 - \$5,000,000	H \$5,000,001 - \$25,000,000	I \$25,000,001 - \$50,000,000	J Over \$50,000,000	K Spouse/DC Liability over \$1,000,000			
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X										
	Sethrus	3/2006	mortgage - 1540 Soto					X									
	The Swelling Co. Inc	8/2012	loan				X										

SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
President	The Swelling Co. Inc - Acting Chair and financing
Partner	Krinkie Co. - Property Mgt.
Partner	DTG Properties - Property Mgt.
Officer	Krinkie Family Foundation
Trustee	Minnesota State College & University System

Use additional sheets if more space is required.

SCHEDULE V – AGREEMENTS

Name Philip Krinkie Page 8 of 8

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

SCHEDULE VI – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
None	