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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 20/2 - 20/3 For use by	<b>FORM B</b> For use by candidates and new employees <sup>LB</sup>	A B and new employees Legislative Resource CENTER and PM 12: 32	bage 1 of 6
Name: CORIMAH ANN ROBINSON Daytime Telephone		US. HOUSE OF THE CLERK OFFICE OF THE CLERK IVES OF REPRESENTATIVES (Office Use Only)	<b>.</b>
Filer  Candidate for the State: SOUTH DAKETA Date of House of Representatives District: ML Election: Election: Employee  Employing Office:	Check if Amendment	A \$200 penalty shall be against any individual more than 30 days late.	assessed who files
In all sections, please type or print clearly in blue or black ink.			ı
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?  Yes No II V. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes No II V. 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.	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.	pefore the date refore the dat	No
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?  Yes No With an of the yes, complete and attach Schedule II.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	rangement Yes	<b>⊗</b>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No Hyes, complete and attach Schedule III.	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.	\$5,000 from Yes	<u>§</u>
Each question in this part must be answered and the appropriate sched	ule	attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	1	ANSWER EACH OF THESE QUESTIONS	S
<b>TRUSTS</b> —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?	rtain other "excepted trusts" need no	ot be Yes	8
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	pendent child Yes	<b>№</b>

## SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

ANN ROBINSON

Page & 5

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. 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

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Source (include date of receipt for horiotatia)	iype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
PENTAGON FORCE PROTECTION ABENCY, WASHINGTON D.C.	SALARY	\$69/59.	#126,689
	CHAP. 33	# 12,000	\$14 YOU.
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THRIFT SAVINGS PLAN	TIMESHARE - FLORIDA	じつ	TIMESHARE - VINGINIA	USAA ROTH IRA	USAA MMF	JT 1st Bank of Paducah, KY accounts	Examples:	SP, Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes ( <i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	location in Block A.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic	(do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.  For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property" and the city and state.	Identify (a) each asset held for investment or production of income with a tair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds	BLOCK A  Asset and/or income Source
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						×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ne)		"Tax-Deferred" column. Dividends, interest, and capital gains, even it reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deterred income (such as 401(k) plans or IRAs), you may check the	BLOCK C  Type of Income
				X		×	X	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000 \$5,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 Over \$5,000,000 Over \$5,000,000		Current Year Preceding Year		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. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check "None" if no income was earned or generated.	BLOCK D  Amount of Income

Continuation Sheet (if needed) SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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#### SCHEDULE III — LIABILITIES

Name CORINNA ANN ROBINSON

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling 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. ture, 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 sib-

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College Igan (co-sign)	Personal lown USAA	Timashare USAA	Timeshare USAA	Timeshare USAA	Example: First Bank of Wilmington, DE	Creditor	
Spp 2012	May 2013	Que 2011	Tune 2011	July 2006	May 1998	Date Liability Incurred mo/year	
Separa Sallie Hac	May 2013 San Antonion TK - 0	Bug 2011 Singer Island, FL -9341	Time 2011 Williamsburg VA - 2990	July 2006 Williamspurg, VA	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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#### SCHEDULE IV — POSITIONS

cer, 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. 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 offi-

**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.

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Position	Name of Organization
DIRECTOR (ATTP)	PENTAGON FORCE PROTECTION AGENCY
VICE PRESIDENT	DOD SENIER PROFESSIONAL WOMEN'S ASSOCIATION
INDERENDENT CONSULTANT MARY KAY COSMETICS	

### SCHEDULE V -- AGREEMENTS

Name CORINNA ANN ROBINSON

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	Date	Identify the date service; continu efit plan mainta
	Parties To	identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employm service; continuation or deferral of payments by a former or current employer other than the U.S. Government; o efit plan maintained by a former employer.
	Terms of Agreement	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.

# 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

GPO: 2013

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