

A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 2014 A	New Officer or Employee Employing Office:
(Office Use Only)	Check if Amendment	New Member of or Candidate for State: VA U.S. House of Representatives District: 10+h Candidates - Date of Election: 4PR/L 26, 2014
GUESSO OF REPRESENTATIVES	phone:	Name: ROBERT G. MARSHALL Daytime Telephone:
2014 AUG 11 PM 4: 05	FORM B For New Members, Candidates, and New Employees	UNITED STATES HOUSE OF REPRESENTATIVES For New Mem

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	NLY THE SCHEDULES	THIS FORM INCLUDES O
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	CORRESPONDING SC	ATTACH THE
Yes No	J. Did you receive compensation of more than \$5,000 from a single Yes No source in the current year and two prior years?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes	F. Do you have any reportable agreements or arrangements with an outside entity?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?

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

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ROBERT G. MARSHALL Page 2 of

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METHER ANDIOTY	PENTAGON FED CU	WELLS FALCO	Cardinal Bank	NavyFederal Cred	ABC Hedge Fund	Examples: Simon & Schuster	Mega Corp Stock	For a detailed discussion of Schedule requirements, please refer to the instruction booklet.	If you so choose you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rerial income during the reporting period), and eny financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership intensit in a privately-held business that is not publicly tracked, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property,' and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is own \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.	account that exceeds the reporting threshold	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	income which generated more than \$200 unearned income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1.000 at the end of the reporting period and (b) any other reportable asset or source of	Assets and/or Income Sources	BLOCK A
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SCHEDULE C - EARNED INCOME

Name: ROBERT G. MARSHALL Page 4 of 7

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) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship.	nbers and employees compensal essional services involving a fidu	-	the "senior staff" rate was \$26,955. It is unchanged in p) are totally prohibited for Members and senior staff.
• /: /: date	1	Amı	Amount
Source (include date or receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15)	Honoranum	\$20,000	\$500 \$76,000
EXAMPLIES: Civil War Roundtable, Richmond, VA (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	N/A	\$1,000 N/A
COMMONWEALTH OF VIRGINIA	SALARY	17,530.66	30,054,27
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SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. New Members. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

				SP. DC, JT		
			Example			
		NONE	First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report

positions held in the reporting period and the current calenda	positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
Position	Name of Organization
NOME	

SCHEDULE F - AGREEMENTS

Name: ROBERT G. MARSHALL Page 6 of 7

Date Parties to Agreement Terms of Agreement
Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
COMMONWEALTH OF VIRGINIA	STATE DELEGATE

FILER NOTES (Optional)

Name: RobeRY (NARS)AL Page 7 of 7

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