UNITED STATES HOUSE OF REPRESENTATIVES FORM B	MAY 1 7 2018 Page 1 of 4-
Name: Art Robinson Daytime Telephone - 18 MAY 29 PM 1:58	ON 1:58
New Member of or Candidate for State: OR U.S. House of Representatives District: Check if Amendment Candidates – Date of Election: 11/6/15 New Member of or Candidate for State: OR Check if Amendment Check if Amendment	SENTATIVES Use Only)ES
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant To 5/16/18 Period Coyered: January 1, 2012 Individual who files more than 30 days late.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	
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. Receive more than \$200 in uneamed income from any reportable asset during the reporting period? Ves No No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? A. Did you, your spouse, or your dependent child: 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
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? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period?	Yes No X
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? No Id you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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 that benefits you, your spouse, or dependent child?	Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, 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 X

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	Ererquer Bonk	First Interstate and		Examples:	SP, DC, Mega Corp Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. 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 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 location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period), and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (OC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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.	d 4,300 is o	BLOCK A Assets and/or income Sources	SCHEDULE A – ASSETS
	×	×	×	Indefinite	×	None > \$1-\$1,000 ∞ \$1,001-\$15,000 ○ \$15,601-\$50,000 m \$50,001-\$100,000 m \$250,001-\$250,000 ¬ \$250,001-\$500,000 ¬ \$300,001-\$1,000,000 ¬ \$1,000,001-\$25,000,000 ¬ \$25,000,001-\$25,000,000 ¬ \$25,000,001-\$25,000,000 ¬ \$50,000,001-\$25,000,000 ¬ \$50,000,001-\$25,000,000 ¬ \$50,000,001-\$25,000,000 ¬ \$50,000,001-\$25,000,000 ¬ \$50,000,001-\$25,000,000 ¬		indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please the specify the method used. If an asset was sold during the reporting period and is included in the second only because it generated income, the value should be "None." Column M is for assets held by your spouse or dependent child in which you have no interest.	BLOCK B Value of Asset	& "UNEARNED INCOME"
		×	Partnership Income	Royattes	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the Trax-Deferred column. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	BLOCK C	Name: Ar
			×	×	×	None	Current 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. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	BLOCK D Amount of Income	t Robinson
			×	×	×	\$201-\$1,000	Preceding Year	may check the "None" column. For all other riate box below. Dividends, interest, and whe for assets held in taxable accounts. I in which you have no interest.	ī.	Page 2 of 4

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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SCHEDULE C - EARNED INCOME

Name: Page 3

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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totalty prohibited for Members and senior staff.	come may apply to you after you into \$28,050. In addition, certainstaff.	u are on House payroll. The 2017 in types of income (notably honorar	limit on outside earned income for la, director's fees, and payments for
	***************************************	Am	Amount
Source (include date or receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$20,000	\$76,000
EXAMples: Civil War Roundlable (Oct. 2) Onlario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
U.S. Social Security Administration	Social Seconty	10,000	25,000
Newsletter Acress to Energy - abo	Writer+Publisher	5,000	5,000
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SCHEDULE D - LIABILITIES

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. Report liabilities of over \$10,000 owed to any one creditor at any time during th

					sp, DC, JT				
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				Example	Creditor Li				
				First Bank of Wilmington, DE					
				5/98	Date Liability Incurred MO/YR				
				Mortgage on Rental Property, Dover, DE	Type of Liability				
					\$10,001- \$15,000	>			
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					\$50,001- \$100,000	0			
				*	\$100,001- \$250,000	٥			
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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 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 eriod and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	Barrel +	President Research Holoson	Position
		Oregon Institute at Science + Medicine	Name of Organization

SCHEDULE F - AGREEMENTS

0		Name:	Page of
Identify the da continuation o employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation employer.	ve with respect to: future employment; a leave of absence during the period of government service: ernment, or continuing participation in an employee welfare or benefit plan maintained by a former	of government service; aintained by a former
Date	Parties to Agreement	Terms of Agreement	

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

FILER NOTES (Optional)

Name: Page_ 으

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