

UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

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LEGISLATIVE RESOURCE CENTER

2014 MAY 14 PM 4:50

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: Robert Hunt Daytime Telephone: 202 225 4711

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>VIRGINIA</u> District: <u>5th</u>	Officer or Employee	Employing Office:
REPORT TYPE	<input checked="" type="checkbox"/> 2013 Annual (Due: May 15, 2014)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Date:	

PRELIMINARY INFORMATION - ANSWER EACH 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. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursement for travel totaling more than \$350 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

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

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

Robert Hunt

Name: LOREN THUR

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Robert Turner

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction			
SP DC	JT	Asset Name	A None	B \$1-\$1,000	C \$1,001-\$15,000	D \$15,001-\$50,000	E \$50,001-\$100,000	F \$100,001-\$250,000	G \$250,001-\$500,000	H \$500,001-\$1,000,000	I \$1,000,001-\$5,000,000	J \$5,000,001-\$25,000,000	K \$25,000,001-\$50,000,000	L Over \$50,000,000	M Spouse/DC Asset over \$1,000,000*	None	Dividends	Rent	Interest	Capital Gains	Excepted/Blind Trust	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	II \$1-\$200	III \$201-\$1,000	IV \$1,001-\$2,500	V \$2,501-\$5,000	VI \$5,001-\$15,000	VII \$15,001-\$50,000	VIII \$50,001-\$100,000	IX \$100,001-\$500,000	X \$500,001-\$1,000,000	XI \$1,000,001-\$5,000,000	XII Over \$5,000,000	XIII Spouse/DC Asset with income over \$1,000,000*	P, S, S(part), or E
		JT American Express Savings			X													X																		
		JT 1st Citizens Checking			X													X																		
		DC Schwab One/Retain																																		
		DC Mutual Shares Fund																																		
		DC Morgan Stanley																																		
		DC Wells Fargo Stock																																		
		DC Schwab Deposit																																		
		DC Tyson Stock																																		
		Louisiana Benefit Stock																																		

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*Column K is for liabilities held solely by your spouse or dependent child

[illegible]

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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 of positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations) and positions solely of an honorary nature.

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Name: Dorian Hines Page 7 of 9

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[illegible]

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gift with a value of \$140 or less need not be added towards the \$350 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

[illegible]

Use additional sheets if more space is required.

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EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government, required to be separately reported under the Foreign Gifts and Decorations Act (F.G.D.A., 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

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Use additional sheets if more space is required.

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

[illegible]

Use additional sheets if more space is required.

FILER NOTES (Optional)

Name:

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Use additional sheets if more space is required.

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