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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 記から、 Aの別のます し、 この For use by candidates and new employees	ZOI3 AUG -9 PM 1: 32	PM 1: 32
•	U.S. HODDE GALLAREDEN HAWE	
Name: Robert ToDD Schilling Daytime Telephone	2 M /	
	(Office Use Only)	Only)
Filer Candidate for the State: \(\frac{\f{	A \$200 penalty shall be assessed	l be assessed
	more than 30 days late.	ate.
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?  Yes No III. 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.	fore the date two years? Yes	<b>₩</b>
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 outside entity?  If yes, complete and attach Schedule II.	ngement 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 Will Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule III.	5,000 from <b>Yes</b>	
Each question in this part must be answered and the appropriate schedule attached for	ule attached for each "Yes" response	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	FTHESE QUEST	SNOI
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?	be Yes	No No
<b>EXEMPTION</b> —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.	endent child Yes	N <sub>o</sub>

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Robert TODD SCHILLING

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	exceeding \$1,000. See examples below.	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	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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<b>Exclude:</b> Military pay (such as National Guard of Heserve pay), lederal retirement programs, and		Amount	security Act.
Source (include date of receipt for honoraria)	lype	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
Island IL.	SALARY	67.750	$\phi$

BLOCK A

Asset and/or Income Source

BLOCK B
Value of Asset

BLOCK C

Type of Income

BLOCK D

Amount of Income

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BLACKH	EDWAND	STOCKTON	HIGNI	SMINT		Examples:		mass, the nature of its location in Block A.  Exclude: Your persons homes and vacation homes and vacation homes and vacation homes and vacation homes are during the repoing \$5,000 or less in accounts; and any fir derived from, a federal the Thrift Savings Plan. Thrift	an ownershi	rental or oth	all IRAs and is) provide to	Provide complete names o	ncome with a end of the ortable asset e than \$200
BLACKHOWK BANK MILAN	M) DNES	ON MO (LAND)	HIGNIGHT BUILDING	SAINT GIUSEPPE INC	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	ness, 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); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or savings excounts; 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.	For an ownership interest in a privately-held business that is not nublicly traded state the name of the hist-	account mat exceeds no reporting measures.  For rental or other real property held for investment, provide a complete address or a description, e.g.,   "ental property" and the city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the property that expected a second of the plans.	Provide complete names of stocks and mutual funds	remaily (a) sections are the too investment or production of the income with a fair market value sceeding \$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.
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				1				None	<b>0</b> 0	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	If an asset was sold during the report-	reporting year. If you use a valuation method other than fair market value, please specify the method used.
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				2 0	\$ to			CAPITAL GAINS		if the asset generated no income during the reporting period.	Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	plans or IRAs), you may check the	cross an commiss that do not retirement accounts that do not allow you to choose specific investments of that generate tax-
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						Royalties		Other Type of Income		ncon	Non di S	2 2	4 to 6 to 7
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1			J		T	1		\$5,001 <b>-</b> \$15,000 ≤	Preceding Year		This column is for income derived from assets solely held by your pouse or dependent child.	income. Check "None" if no income was earned or generated.	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 rains even if reinvected must be disclosed as
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								\$50,001 - \$100,000	<u>اي</u>		ਣ੍ਹੇ	era	<b>₽ 2 3 3 3 4</b>
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## SCHEDULE III — LIABILITIES

Name RUBERT TODD SCHILLING

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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-

							Arr	Amount of Liability	of Liab	llity			
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٦ <u>,</u>	Creditor	incurred mo/year	Type of Liability	00	90	900 001—	<b>101</b>		),001— ),000	00,000	0,000	NEC .	
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•	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				XXX						
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## **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.	ature.
Position	Name of Organization