HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES	or New Members, Ca	FORM B For New Members, Candidates, and New Employees	2014 JUL 14 PM 3: 19
Name: Andrew M. Tobles	OB/Naytime Telephone:	9;	US. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: U.S. House of Representatives District: Candidates - Date of Election:		Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Employing Office:		Period Covered: January 1, to	A \$200 penelty shell be assessed against any Individual who Sies more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	THESE QUESTIO	SNS	
A. Did you, your apouse, 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. Maile more than \$200 it unearned income from any reportable saset during the reporting period?	8	E. Did you hold any reportable positions during the or in the current calender year up through the date	ng the reporting period Yes X No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraris, or pension/IRA distributions) of \$200 or more during the Yes Xes	*	F. Do you have any reportable agreements or arrangements with an outside entity?	r arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yea Xibility (more than \$10,000) at any point during the reporting period?	- No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a skrigle Yes No .
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO CO	SPONDING SCHE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO (COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QL	NFORMATION - /	Answer <u>Both</u> of these	E QUESTIONS
TRUSTS — Details regarding "Quelified Bland Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other "eo	ocapted trusts" need not be disclosed. Ha	ave you excluded from Yes No X
EXEMPTION - Have you excluded from this report any other assets, "unsamed" income, transactions, or tabilities of a spouse or dependent child because they meet all fines table for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	нте, transactions, or tabilit brankties on Ethics.	ties of a spouse or dependent child because	se they meet all times Yes 🔲 Ko 💢





STATEMENT OF EARNINGS

PAYMENT NUMBER:		PAY	DATE: 06/2	8/2014	PROCESS LEV	EL: HO800	
EMPLOYEE NAME ANDREW TOBIN			EIN 112431		08/07/2014 -	Y PERIOD 06/20/2014	>
	PAY			PRE-TAX DED			
description	HOURS	CURRENT	YTO	PESCRIPTION	CURRENT	YTO	
REGULAR PAY	80.00	923.08	12000.04	RETIRE - EO&J - EE	120.00	1560,00	
NON-TAXABLE TRAVEL		286.58	3546.56	DELTA DENTAL - EE	48.26	627.38	
LEG SUBSISTENCE-NON-T	AXABLE	420.00	7920.00	HARTFORD SUPPLIFE - PTX - E	E 11.95	155.35	
				AMERIBEN EPO - EE	102.00	1326,00	
				AVESIS VISION - EE	7.78	101,14	
1	AXES WITHHELD			AFTER-TAX DE	DUCTIONS		
			YTD	DESCRIPTION	CURRENT	YTD	
	_		TAXABLE	HARTFORD SUPPLIFE - TXBL - I	EE 11.95	155.35	
DESCRIPTION	CURRENT	YTD	WAGE8	HARTFORD DEP LIFE - TXBLE -			
FEDERAL WITHHOLDING	430.81	5600.53	8230.17				
SOCIAL SECURITY - EE	48.69	606.99	9790.17	HARTFORD SHORT TERM DISAE	31LITY 6.46	83,98	
MEDICARE - EE	10.92	141.98	9790.17				
AZ STATE WIH TAX	40.49	526.37	8230.17				
NET	PAY CALCULATION			PAYMENT DISTA	RIBUTIONS		
DESCRIPTION	HÖÜRS C	URRENT	YTO	DESCRIPTION	TYPE	AMOUNT	
TOTAL GROSS	80.00	1629.66	23466.60	M & I MARSHALL & ILSLEY BANK	DIR DEP	789.10	
TAXES		528,91	6675.85				
DEDUCTIONS		311.66	4051.45				
NET PAY		789.10	12539.30				
ME I LVI		/ UD. IU					

Click to display your total compensation



NATIONAL BANK OF ARIZONA

PO Box 30709 Salt Lake City, UT 84130-0709

Statement of Accounts

Page 1 of 4

This Statement: June 30, 2014 Last Statement: May 30, 2014

Primary Account

DIRECT INQUIRIES TO: 1 (800) 497-8168 WWW.NBARIZONA.COM Prescott Regional

201 N Montezuma Ste 100 Prescott, AZ 86301-0000

(928) 708-6900



TOBIN CONSTITUENT SERVICES ACCOUNT 3767 KARICIO LN STE A PRESCOTT AZ 86303-6837



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Tired of all the paper? Start receiving your statements electronically and view your account notices online. Sign up for Online Banking or login today at WWW.NBARIZONA.COM

The "Disputes" section of your "Depositor's Agreement" is amended to state it will not be applied in any manner prohibited by law, and to provide that National Bank of Arizona will not request arbitration of a Consumer Dispute unless the jury waiver is not enforced and the Dispute relates to your depositor's agreement or a product described therein.

AMAZING REWARDS CREDIT CARD FROM NBIAZI Turn everyday purchases into points to redeem for whatever is important to you. Make any purchase, anywhere and use your reward points to reimburse yourself. Visit https://www.nbarizona.com/business-rewards to learn more. Subject to credit approval. Restrictions apply.

SUMMARY OF ACCOUNT BALANCE

Account Type
Business Freedom Checking



Checking/Savings Ending Balance \$104.46

Outstanding Balances Owed

BUSINESS FREEDOM CHECKING 0430012191

Previous Balance

Deposits/Credits

Charges/Debits

Checks Processed

Ending Balance

107 0

112.46

0.00

1,030 to 190 to 1.

0.0

10/1/2

0 DEPOSITS/CREDITS

There were no transactions this period.

1 CHARGE/DEBIT

Date

Amount

Description

06/30

8.00

MAINTENANCE FEE

0 CHECKS PROCESSED

There were no transactions this period.

AGGREGATE OVERDRAFT AND RETURNED ITEM FEES

Total Overdraft Fees

Total for This Period \$0.00 Total Year-to-Date

Total Returned Item Fees

\$0.00

\$0.00 \$0.00

To learn more about our other products and services that may lower the cost of managing account overdrafts or to discuss removing overdraft coverage from your account, please contact Customer Service or visit your local branch.



MEMBER

WWW.NBARIZONA.COM

0030795-0000002-0080857

SCHEDULE C - EARNED INCOME

Namo: Andrew M. TOR Mago Dor 11

EXCLUDE: Williamy pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act	and ster's spouse, list the source and amount of any tronorsale. List only the source for other spouse cerned income exceeding \$1,000. See examples below.	List the source, type, and amount of semed 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 file	
		4	1

2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Amnount	ssional services involving a fidu	ciary relationship) are botally prohibit Am	chibited for Members and senior staff. Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Salamera, MD (July 15)	Honoradium Salay	\$20,000	\$500 \$76,080
EXBMIDNES: Con Wig Roundtable, Fightmand, VA. (Oct. 2) Outside Country South of Education Outside Country South of Education	Spouse Speech Spouse Sulary	W.X	81,000 NAV
"14 State of AT Salary		12000	
14 Steel of AT Travel		3547	
14 Stife & H2 Per Diem		7920	
1/4/1 other Newmy for sole Pro		40353	

Deposit Inime Not Stile do Az 4 734/ Dec 13 87389 Jun 14

Feb 14

So dong I My Sh va	Mundy To Distable	Haga Corp Six 4 Complete: Serven & Schweise ASC Stealing Steal X	a deteñad utramenta pleas	If you have a privately-traded fund that is an Europted investment Fund phenes check the "EIT" box. If you so choose, you may indicate that an asset or examine source is that of your apoutes (\$P) or dependent cliff (QC); or jointly seld with anyone [JP], in the optional column on the far type.	Excitude: Your parsonal excitance, incheding sectors fromes and vacation fromes (mishes they was retain fromes and washing the reporting period); and any frameual fidenset, in, or success determed from, a fluctual mathement program, including the Theft Savings Plan.	For an ownership misseed in a privetely-hold business built is not publicly traded, state the name of the bestness, the nature of the activities, and its geographic location in Block A.	For runted and other real property held for Inwestment, provide a complete address on description, e.g., "herital property," and a city and state.	For theirk and other cash abounts, solel the emount in all interest-bearing accounts. If this solel is over \$5,000, let every frestrial institution where there is more then \$1,000 to interest bearing accounts.	For all links and other retrement plants (such as 401th) plants provide the value for each setsel held in the account that exceeds the reparating theretholds.	Provide complete usines of stocks and motival funds (so not use only takes symbols).		Assets and/or income Sources	BII GCX A
XX X		notes and a second	\$1,000,60 \$6,000,60 \$25,000,0 Over \$50,	55-000 55-000 55-000 55-000 5250,000 51,000,000 11-65,000,000 11-65,000,000 11-65,000,000				(C)		Colorent Af as for assets held by your apoutes or dependent or child in which you have no Metross.	Indicate value of seed at doze of the reporting period. If you use a valuation motified only from fair metrics value please sencity per preshod used. By the sencity period and it was a select that add during the reporting period and it included only because if generated forcems, the value spould be "None."	Value of Asset	BLOCK B
		Popular	YAX-06F	T Galhes Edgrend Trust	, Partneret-tp Incoo	re or Farm Indox	ma)			" If the asset gar	Check all columns that apply. For accounts that generate bandwistered from (such as full fill, IRA 528 accounts), you may expedit fill, IRA 528 accounts, you may expedit fill fill fill fill fill fill fill fi	. Type of Income	BLOCK C
	X	ж	\$1,000,000 Over \$5,00 SpouseOil House \$1-8200 \$1,8200 \$1,8200 \$1,801-82 \$2,901-83 \$15,001-8 \$50,001-8 \$100,001-000,001 Over \$5,00	.800 .000 5.000 5.000 50.000 100,000 51.000,000 5.50.000 0.000 0.000 0.000 0.5500 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000				IN X X X BAA BA BA BA BA BA BA BA B B B B		•	if you sees to selve) you created "fas-Delemod" in Block C, you may check the "Nore" cature. For all others are a received the relegory of theories by checking the appropriate but below. Deletants, interest and castillar plans, were if "messelves, must be discitated in factories for assets hald in faulthing seconds. Check "hone" if no income was earned or personals. Check "hone" if no income was earned or personals.	Amount of Income	BLOOKE

Name: Andrew M. Todam Prage & of 1

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Man't the highest amount owed during the reporting period, New Hembers, Nembers are required to report all highlities, accured by real property including mortgages on their personal residence. Explute: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by authornobles, household furnitude, or appuinces; liabilities of a business in which you are personally liabilities oved to you by a spouse or the child, parent, or adjusted. 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.

giver a control	ACC CONTINUE IS IN MEDIUM STORE BOARD BY BY SAME SPOOMS OF ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESS	A sh your above	o copanion Can			> 		6	Amoun	Amoun	Amoun	Amount of Liability	Amount of Liability	Amount of Liability
88. De: 71	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,000	\$15,000 \$15,001- \$60,000	\$15,001- \$50,000 © \$50,001- \$100,000	\$15.001- \$60,000	\$15,001- \$50,000 © \$50,001- \$100,000	\$15,001- \$50,000	\$15,001- \$50,000	\$15,001- \$50,000	\$15,001- \$50,000	\$15,001- \$50,000
Example	fist Bank of Wilmington, DE	258	Montgage on Rental Property, Dover, DE					я	я	я	Я	Я	Я	Я
		2004	Markage 1st						X	X	X	X	X	X
Ø	<i>70</i>	2005	BIND FOC					X	X	X	X	X	X	X
7	MERKYM ENAUCOS	2000	Coredit Coud	-	_	X	X	X	X	X	X		X	X
1	runt ab famuica	1970	Credit Card			X	X	X	X	X	X	X	X	X
1	3MO Zand login	2005	10 MO Gand	Г	├ ~		X	X	X	X	X	X	X	X
				1										

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, comprist organization, labor organization, or educational or other institution other than the United States. Exclude: Positions isted 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 Mambers and second-year candidates report 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 - ,
Director	Canrox House Christill
Offices,	FAMILY IN want - To ming that loo trus
Spraker AZ House	Refuer extitues
The how Military	Sula Misperiation

SCHEDULE F - AGREEMENTS

Namo:	
// or //	

			Date	Identify the dat continuation or	
		No Mar	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respection injuries employment, a legace of absence during the percentive donor or determs of payments by a former or current employer other than the U.S. government, or continuing participation in an employee welfare or before p	
		Conseements feel bothing to the top lay must	Terms of Agreement	we with respect to jujure employment, a legge of absence during the period of government service; reminent, or continuing perioduation in an employee welfare of behalf pen maritained by a former employee.	

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 outrent year and the prior years. This includes the names of clients and customers of any corporation, firm, partinership, or other business exterprise 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 liefed on Schedule C.

government and any information considered companists as a result of a	government and any information considerated as a result of a privileged releasonship recognized by law. Do not repeat information seemed on detective C.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Homelown, Homestate	Accounting Services
Blue Cross Aby, Shill	Blue Cost Aby Shill be Inswift Sulf Dewill
Az School Board Assoct	
Conferred the sof Congress MO.	Health Bone
	ı