SCHEDULE A - ASSETS & "UNEARNED INCOME" For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and all interest-bearing accounts. If the total i \$5,000, list every financial institution where t more than \$1,000 in interest-bearing accounts. For bank and other cash accounts, total the amount all interest-bearing accounts. If the total is over 401(k) plans) provide the value for each asset helen account that exceeds the reporting thresholds. (do not use only ticker symbols) and (b) equirements, piease provide a complete address or dirental property," and a city and state. or rental and other real property held for investmen roduction of income and with a fair market value acceeding \$1,000 at the end of the reporting period you have a privately-traded fund that is an Excepte vestment Fund, please check the "EIF" box. reame during the reporting period); and any financianterest in, or income derived from, a federate omes and vacation homes (unless there was usiness, the nature of its eographic location in Block A. ineamed" income during the year. you so choose, you may indicate that an come source is that of your spouse cclude: Your personal residence, including secon 쁲 ۵ Assets and/or Income Sources optional column on the far left Emig mas ent program, including the Thrift Savings Plan IRAs and other retirement complete names of stocks and mutual fund any other reportable asset which generated more the <u>e</u> each asset d (DC), or jointly i at Cascodes Simon & Schuster ABC Hedge Fund Mega Corp Stock refer to the instruction bookle BLOCK A held for B.K Q. description with anyone investment ٩ (Such and of (SP) ģ q × If an asset was sold during the reporting period included only because it generated income, the please specify the method used *Column M is for assets held by your spouse or depende child in which you have no interest. Indicate value of asset at close of the reporting period. I you use a valuation method other than fair market value None hould be "None." \$1-\$1,000 8 $\times | \times$ \$1,001-\$15,000 O O \$15,001-\$50-000 × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 773 BLOCK B a \$250,001-\$500,000 I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ... \$25,000,001-\$50,000,000 $\overline{}$ -Over \$50,000,000 틢 Valu Spouse/DC Asset over \$1,000,000 Z check the Tax Dividends, interest, Check all columns that apply. XX even if reinvested, must be income for assets held NONE penerated no t generate tax-deferred income (suc 1(k), IRA, or 529 accounts), you ack the "Tax-Deferred" col-DIVIDENDS × RENT Type of Income INTEREST Name: BLOCK C CAPITAL GAINS **EXCEPTED/BLIND TRUST** disclosed TAX-DEFERRED # For account 3 taxable (Such column Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" other assets indicate the category of income by checking the appropriate box below. Diviand capital gains, even if reinvested, must be disclosed as Income for assets *Column XII is for assets held by your spouse or dependent child in which you have no interest None and capital gains, even if reinvested, must accounts. Check "None" if no income was earne \$1-\$200 × = \$201-\$1,000 ₹ \$1,001-\$2,500 Current Year \$2,501-\$5,000 < Q ≤ ź \$5,001-\$15,000 × ≦ \$15,001-\$50,000 IJ ≦ \$50,001-\$100,000 0 Ż \$100,001/\$4,000,000 7 \$1,000,001-\$5,000,000 Amount of Income must be disclosed earned or generated. × Over \$5,000,000 BLOCKD Spouse/DC Income over \$1,000,000 ≚ None \$1-\$200 = ⊭ × \$201-\$1,000 Page \$1,001-\$2,500 ₹ Preceding * \$2:501-\$5,000 ≤ \$5,001-\$15,000 ≦ × \$15,001,555,000 ≦ 잋 \$50,001-\$100,000 \$100,001-\$1,000,000 × Solumn. \$1,000,001-\$5,000,000 ₹ ≥ taxab Over \$5,000,000 ď ≚ Spouse/DC Income over \$1,000,000

Use additional sheets if more space is required

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SCHEDULE C - EARNED INCOME

Name: binson Page_ 잌

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: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| Honoratium \$0 Salary \$20,000 Spouse Salary \$0 N/A Spouse Salary \$0 N/A Spouse Salary \$1 N/A | 5,000 | | | | | | V.S. Social Security Administration (Newsletter Access to Energy - alba | Social Security Without Pulisher | \$21,000 \$50000 | 38,000 38,000 35,000 35,000 |
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SCHEDULE D - LIABILITIES

Name: Art Rebinson Page

Page 4 of 5

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. Mark the highest amount owed 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. exceeded \$10,000. 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 (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 *Column K is for liabilities held solely by your spouse or dependent child.

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|----------------------------|--|--|----------|---|---------------------------------------|-------|-------|--|
| | SP. DC. JT | | | | | | | |
| | | Example | | | | | | |
| | Creditor | First Bank of Wilmington, DE | | | | inage | | |
| | Date Liability Incurred MO/YR | 5/98 | | | | | | |
| | Type of Liability | Mortgage on Rental Property, Dover, DE | | | | | | |
| | \$10,001- \$15,000 | DE () () | | | A A A A A A A A A A A A A A A A A A A | | * | |
| | \$15,001- \$50,000 | <u> </u> | <u> </u> | | | | | |
| | \$50,001- \$100,000 | | | | | | | |
| > | \$100,001- \$250,000 | × | | | | | | |
| Amount of Liability | \$250,001- \$500,000 | | , | | | , | , , , | |
| t of Lie | \$500,001- \$1,000,000 | ,,,,, | | | | | | |
| ¥bility | \$1,000,001- \$5,000,000 | , | 4 | | | , | , | |
| | \$5,000,001- \$25,000,000 | | | | | | | |
| | 11 | | | | , , | , | | |
| | \$25,000,001- \$50,000,000 | | | | اعرشت | | | |
| | \$25,000,001- \$50,000,000 Over \$50,000,000 | | | | ~ 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, 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 period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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| | • | 1 Trustres | President Respond Postesson | Position | The control of the fact of the |
| | | C | Oregon Institute of Science + Medicina | Name of Organization, | THE CHILD IN CHIEF SAME AND THE CASE STATE SAME SAME SAME SAME IN CONTRACT OF THE CONTRACT SAME SAME SAME SAME SAME SAME SAME SAME |

SCHEDU

| Name: Art Kobinson Page 5 of 5 | 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 | 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.

| Section and any montaness explication of commental as a leadit of a | general solution of superior commontal as a result of a privileged island is in the law of superior su |
|---|--|
| Source (Name and City/State) | Brief Description of Duties |
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| Oregon Institute of Science | |
| + Medicine 2251 Dich | |
| George Rosal Case Juntion, | |
| OR' 91523 | |
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