<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	<b>TRUSTS</b> —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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	Each question in this part must be answered and the appropriate sche	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No III	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?  If yes, complete and attach Schedule II.	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	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Filer Candidate for the State: Of Date of House of Representatives District: House of Representatives District: Helection Election  Status Property Candidate for the State: Of Date of Election  Status Property Candidate for the State: Of Date of Election  Employee Employing Office: Employing Office: Date of Election	Name: Rabart Eugene Johnson Daytime	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2つ(ン・ゴッカル) スライン
s, transactions, or liabilities of a spouse or dependent child rst consulted with the Committee on Ethics.	s and certain other "excepted trusts" need no spouse, or a dependent child?	- ANSWER	ppropriate schedule attached for	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	IV. 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.	E QUESTIONS	Date of ישראל Check if Election: און אינענענען אינענענען אינענענען Amendment	Daytime Telephone:	FORM B For use by candidates and new employees
pendent child Yes	ot be Yes	EACH OF THESE QUESTIONS	dule attached for each "Yes" response.	\$5,000 from Yes	rangement Yes	r two years? Yes		A \$200 penalty shall be against any individual more than 30 days late.	O/F: DO ALL Office Use Only)	POSTMARK ILLEGIBLE  SOLUTION OF THE PROPERTY O
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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Robart Eugena Johnwan Page 2 of

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 exceeding \$1,000. See examples below. 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

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

Course (include date of receipt for become)	Type	Amount	unt
Scarce (include date of fecelpt for florioraria)	. ype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
- 1	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Southoust ENTHFORD Plantic Surren PC	Salary	スカ	\$183,458
South Creat Medicul-Grap, Soverned GA		\$M5,467	271266
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10	>	170	ابت	C.	4	l	Exa		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 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 (Cp) 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.	Exclude: Your personal residence, including second	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.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental 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 account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$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.	As	
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					*******			_	DIVIDENDS	· · · · · · · · · · · · · · · · · · ·		during the reporting period	If reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. <b>Dividends</b> , Impress and control coins awan	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k)		
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									\$100,001 - \$1,000,000				Inis column is for income derived from assets solely neid 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 gains, even if reinvested, must be disclosed as		
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Robert try and Whenson

Page \_\_\_\_ of

Continu	Continuation Sheet (if needed)			t
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9	Bridget of Company	<i>F</i>	4	<i>*</i>

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#### SCHEDULE III — LIABILITIES

Name Robert Cugane Whimen

Page ∑\_ of ⊆

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling 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-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

		!						Amount of Liability	t of L	iabilit	$\lceil \rceil$		
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	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				À	Н	$\vdash$			-	
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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);

allo positions solely of an honorary nature.	ature
Position	Name of Organization
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### SCHEDULE V — AGREEMENTS

Name Rabot Eupone Tohurson

Page 5 or 6

efit plan maintained by a former employer.	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 ben-	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government
	vernment; or continuing participation in an employee welfare or ben-	ire employment; a leave of absence during the period of government

Date	Parties To	Terms of Agreement
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# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
NA	
•	

GPO: 2013

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