In all sections, please type or print clearly in blue or black ink.		Filer Candidate for the State: 140 14 0 P Date of Check if A \$200 penalty shall be A mendment Amendment	(Office Use Only)	Name: John Forrest Roberson Daytime Telephone:	Period covered: January 1,	18	
	more than 30 days late.	A \$200 penalty shall be assessed	(Office Use Only)	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	2014 APR (5 PM 1: 10	Page 1 of	POSTIMARY ILLEGIBLE

	esponse.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the	e answered	Each question in this part must b
N _N	Yes	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.	No No	Yes 🔲	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.
N _o	Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No 🔽	Yes 🔲	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.
N _N	Yes	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.	No	Yes 🔲	I. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		SE QUESTIONS	OF THES	R EACH	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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 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.

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

Exclude: Milita	Exclude: Military pay (such as National Guard or Heserve pay), rederal retirement programs, and benefits received under the social Security Act. Amount	ment programs, and benefits red	ceived under the Social Sec	ecurity Act.
	Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
XYZ Co	XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
XYZ Tra	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris C	Harris County, Texas Public Schools	Spouse Salary	NA	NA

Name

age ___of__

		JI Ist Bank of Haducah, KY accounts	Examples:	SP, Mega Corp. Stock	nomes and vacation homes (<i>unless</i> 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 (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.	location in Block A. 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	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. 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.	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. Provide complete names of stocks and mutual funds (do not use ticker symbols).	BLOCK A Asset and/or Income Source
		>	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 Spouse/DC Asset over \$1,000,000*		BB C D E T G G H	it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because	BLOCK B Value of Asset
		>	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ome)		interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	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) plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	BLOCK C
		>	×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None	1	Current Year	* This column is for income derived from assets solely held by your spouse or dependent child.	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 income . Check "None" if no income was earned or generated.	Amount of Income
		×	×	X	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	X X	Preceding Year	rom assets solely held by your	ecked "Tax-Deferred" in Block C, you may or all other assets, indicate the category of propriate box below. Dividends, interest, if reinvested, must be disclosed as income was earned or generated.	D Come

This page may be copied if more space is required.

SCT	SCHEDULE II — ASSETS AN Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME	OME	Name		Page	eof
	BLOCK A	ВLОСК В	вгоск с		BLOCK D	X D	
	Asset and/or Income Source	Value of Asset	Type of Income	.	Amount of Income	f Income	
SP,		A B C D E F G H I J	× 00* ≤	ome)	Current Year	Preceding	g Year
JT,		00	1,000,0	arm Inco	V VI VIIVIIIV X XI XII XIIX	A M M III II t	VI VIII IX X XI XII
DC		00 \$15,000 - \$50,000 - \$100,000 - \$250,000 - \$5,000,000 - \$1,000,000 01 - \$5,000,000 01 - \$25,000,000		, 000 62,500	\$15,000 \$50,000 \$100,000 \$1,000,000 1 \$5,000,000	, 000 62,500	\$100,000 - \$1,000,000 1 - \$5,000,000
		\$15,00 \$50,00 \$100,0 \$250,0 \$500,0 \$1,000	Over 1 Spouse NONE DIVID RENT INTER CAPIT EXCE	Partn None \$1 – \$2 \$201 – \$1,001	\$15,00 \$50,00 \$100,0 \$1,000 Over \$		\$50,00 \$100, 0 \$1,000 Over \$
	SOCIAL SOCULITY						
-							

SCHEDULE III — LIABILITIES

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Page of

Name

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 sibling 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. 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

								Amo	unt of	Amount of Liability	lity			
Ş,	•	Date Liability	! :	Þ	В	ဂ	D	. m	F	<u></u> 6			د	*
JT,	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000	\$50,001— \$100,000	\$100,001— \$250,000	\$250,001 \$500,000	\$500,001 \$1,000,000	\$1,000,001 \$5,000,000	\$5,000,001 \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE											
						1.								

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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,

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.	eature.
Position	Name of Organization

SCHEDULE V — AGREEMENTS Name

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 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 also maintained by a former employee welfare or benefit also maintained by a former employer. Page _ 힟

efit plan mainta	ent plan maintained by a former employer.	
Date	Parties To	Terms of Agreement
	·	

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

GPO: 2013

78-995 (mac)

POSTMARK ALIFORNIE

CAMPAIGN NOTICE

LEGISLATIVE RESOURCE CENTER

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdraws of REPRESENTATIVES your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status: (Select One)	Dear Madam Clerk:
	This is to notify you that I have not yet raised (either through contributions or loans from myself
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial
	Disclosure Statement with the Clerk of the House of Representatives according to the deadlines
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been
	provided to me by the Clerk.
Withdrawal of Candidacy	This is to notify you that under the laws of the state of

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE).

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601