UNITED STATES HOUSE OF REPRESENTATIVES FORM B Period covered: January 1, 2のダー ぎ・/ち・/メ For use by candidates and new employees	MAY 2 1 BOIN of 6	E CENTER
Name: んかん Succol Hubbraci Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	I2: 25 ERK ENTATIVES
Filer Candidate for the State: DKIMONA Date of Lux 31, 2014 Check if House of Representatives District: -3 Election: Lux 31, 2014 Amendment New officer or Employing Office .	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	assessed who files
In all sections, please type or print clearly in blue or black ink.		
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
t. 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 V No II. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	ifore the date two years?	N _O
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 V No With an outside entity? If yes, complete and attach Schedule II.	angement Yes	N _O
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? 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 III.	5,000 from Yes	N N
Each question in this part must be answered and the appropriate schedule attached for e	ule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH O	ANSWER EACH OF THESE QUESTIONS	S
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?	t be Yes	No V
EXEMPTION —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.	pendent child Yes	N √

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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Robert Sneed Hubbard

Page 2 of 6

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. 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 (Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and	ement programs, and benefits rec	benefits received under the Social Security Act.	Security Act.
Source	Source (include date of receipt for honoraria)		Amount	ount
	(included and of the party of	, ypc	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Houston, TX	Director's Fee	\$400	\$3,200
,	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	as Public Schools	Spouse Salary	NA	NA
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	Sp Interest-Tinken Fed. C.M.	<u> </u>	ė -	_	-	┞	C,E	JU	income during the reporting period); any deposits total- ing \$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 depen- dent 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.	Exclude: Your personal residence, including second homes and vacation homes (unless there was restal	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.	Asset and/or Income Source 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). 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.
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Dú	3	Zol,	5.5	23	12		Royatties		Other Type of Income			Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments 2r that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
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SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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REDULE II — ASSETS AN uation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name Robert Sned Hubbanc	Page 4 of L
BLOCK A	BLOCK B	BLOCK C	BLOCK D	
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	ne
	A B C C D E F G H		Current Year	Preceding Year
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SCHEDULE III — LIABILITIES

Name Robert Sneed Hubbard

Page 5 of 6

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 sibowed 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.

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٦,	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 \$1,000,00 1—	\$5,000,000 \$5,000,001—	\$25,000,000 \$ 25,000,00 1-	\$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									Н		
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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.

and positions solely of an honorary nature 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 or an inclinitary rigidic.	auro.
Position	Name of Organization
PRODEIS DOR	Hubbard Ranch
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SCHEDULE V — AGREEMENTS

Name Robert Sneed Hubbard

Page 6 of 6

			Date	Identify the date service; continue offit plan mainta
		NONE	Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employ service; continuation or deferral of payments by a former or current employer other than the U.S. Government; efft plan maintained by a former employer.
			Terms of Agreement	respect to: future employment; a leave of absence during the period of government an the U.S. Government; or continuing participation in an employee welfare or ben-

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.

	Example:				
	<i>ple:</i> Doe Jo	NONE			
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