UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	JUL 0 2 2014 Page 1 of 1
Name: Roben Louis Toussain	Daytime Telephone:	2014 JUL -9 PM 1:44
New Member of or Candidate for State: N U.S. House of Representatives District: 101 Candidates - Date of Election: 06-03-14	Check if Amendment	U.S. HÖÜSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH O	ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, 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. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	F. Do you have any reportable agreements or arrangements with an outside entity?	or arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No
ATTACH THE CORE THIS FORM INCLUDES ONLY 1	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	ANSWER "YES" REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION - ANSWER BOTH OF THE	OTH OF THESE QUESTIONS
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 that benefits you, your spouse, or dependent child?	n Ethics and certain other "excepted trusts" need not be disclosed.	lave you excluded from Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.		dependent child because they meet all three Yes No 🔀

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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Rober Louis Toussain Page 10

BLOCK A Assets and/or income Sources	BLOCK B Value of Asset	BLOCK C	BLOCK D
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Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting pencol, and (b) any other reportable asset or source of income which generated more than \$200 in unearmed income during the year.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if relivested, must be disclosed as income trelivested, must be disclosed as income the such that the such tha	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 for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		Check "None" if the asset generated no income during the reporting period.	
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 bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.	> 89 C C T T G T T T T T T T T T T T T T T T		Current Year Preceding Year I H H V V V V V V V V V V V V V V V V V
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.		me)	
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.		ne or Farm Inco	
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	*	, Partnership Incor	
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.			
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	50-000 100,000 8250,000 5500,000 81,000,000 1-\$5,000,000	SAINS D/BLIND TRUS	500 000 5,000 5,000 100,000 11,000,000 11,000,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$5,000,001 \$25,000,00 Over \$50,0	TAX-DEFE	Over \$5,00 Spouse/DC None \$1-\$200 \$201-\$1,00 \$1,001-\$2, \$2,501-\$5, \$5,001-\$12 \$15,001-\$2 \$100,001-\$1 \$100,001-\$0 Over \$5,00
SP. EIF	×	×	×
	Indefinite	Royalties	X
ABC Hedge Fund X	×	Partnership Income	× ×
Well's fourn bank	>	*	*
non-class	×	*	*
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SCHEDULE C - EARNED INCOME

Name: Robert Lovis Toussain
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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) 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: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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Course (include date of receipt for honorarie)	T		Amount
conice (ilicitae date of leceipt for Hororana)	i ype	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: Civil War Roundtable, Richmond, VA (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 \$0	\$1,000 \$1,000 N/A
Shop Rife	Salony	62,000.00	66,000-00
Genegis Elder Cane	Spouse' Salohy	10/4	7 Mg
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SCHEDULE D - LIABILITIES

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

Date Creditor Date Liability Type of Liability Type of Liability Incurred MOYR MOY	Į											
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Date Liability Type of Liability Type of Liability		,	VIŠa	Depai	Ban	Example						
Type of Liability Type		4	& Master (and	dynest of Education	k of Amehica	First Bank of Wilmington, DE	Creditor					
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(Spouse/DC Liability)							Over \$1,000,000* (Spouse/DC Liability)	~				

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 listed 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 Members and second-year candidates report positions held in the current calendar year and two previous years.

positions held in the reporting period and the current calendar	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
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SCHEDULE F - AGREEMENTS

Name: PROPER LAWIS TOUSSAINT	
Page 6 of 7	

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.

			1986	Date
			Myself and local 1262 Densign fund	Parties to Agreement
		Undefermine amount of the hedrounout age.	The Plan will provide a monthly benefit of	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.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
2020	

FILER NOTES (Optional)

Name: Plober Louis Toussains Page 7 of 7

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