| š Š Š | niid Yes | not be | excepted trusts" need not be ent child? Jilities of a spouse or dependent child Committee on Ethics. | 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? EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependences they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | ing you, your s ing you, your s rned" income, s you have firs | d by the Comm a trust benefit r assets, "unea wer "yes" unles | rusts" approved details of such report any other on? Do not ans | m this report led from this for exemptic | ails regarding "Qua you excluded from Have you excludence tall three tests | TRUSTS—Det disclosed. Have EXEMPTION. because they in | |
|-----------------------|---|------------------------------------|---|--|--|---|---|--|---|---|-------------|
|] Ø | EACH OF THESE QUESTIONS | OF THES | SWER EACH | I A | TINFORM | OR TRUS | ENDENT, | SE, DEP | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION | EXCLUSIO | 1 |
| | es" response. | r each "Ye | le attached fo | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response | and the ap | e answered | part must be | n in this p | Each questio | | |
| No. | Yes 🔲 | ın \$5,000 from | mpensation of more than two prior years? | 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. | 8 | Yes 🔲 | e any report- ng period? | dent child have ng the reportin | 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. | III. Did you, your able liability (mor if yes, complete | |
| □ | Yes | arrangement | eportable agreement or a | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | 8 | Yes 🔲 | ive "unearned" r hold any l of the period? | yent child receinting period on 000 at the end | 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. | II. Did you, your income of more to reportable asset if yes, complete | |
| | yes 🔲 | r before the da rior two years? | ortable positions on or endar year or in the pr ach Schedule IV. | 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 U | Yes 🔲 | g., salaries or ing period? | ed" income (e. e in the report | 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, complete and attach Schedule 1. | I. Did you or you fees) of \$200 or If yes, complete | |
| | | | | EACH OF THESE QUESTIONS | OF THESE | ER EACH | e or black ink. — ANSWER | AATION . | In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW | In all sections, p | |
| assessed who files | A \$200 penalty shall be a against any individual was more than 30 days late. | A \$200 against more th | Check if Amendment | 3/28/2014 | Date of 3 | | State: # lino District: _// Employing Office: | r the presentatives | Candidate for the House of Representatives New officer or employee | Filer Status | |
| ERK ENTATIVES | OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only) | J Wis | | Daytime Telephone: | Daytime 1 | | 5 | Robbins | Craig ? | Name: | |
| E CENTER 1:36 | DELIVEREDY LEGISLATIVE RESOURCE CENTER 2013 OCT 23 PM 1: 36 | | M B and new employees | FORM B | 13 Fo | 26 | PRESENTA EMENT | E OF REI | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - 0c to bec 14 | UNITED ST FINANCIA Period cover | T |

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Robbins Page 2 of 4

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 Beserve pay) federal retirement programs, and handfile received under the Social Security Act

| Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and | ement programs, and benefits re | benefits received under the Social Security Act. | Security Act. |
|---|---------------------------------|--|----------------|
| Course (include date of receipt for honoraria) | Type | Amount | unt |
| Codice (include date of receipt for horizonal) | - ype | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 |
| First Bank & Trust, Houston, TX | Director's Fee | \$400 | \$3,200 |
| | Honorarium | 0 | \$1,000 |
| Harris County, Texas Public Schools | Spouse Salary | NA | NA |
| Prositions, Inc., Urbandale, IA | Contractor Payments 25, 167. | 33 | 18 OSH HC |
| #L | Contractor Payments 11240.00 | | 9.00 |
| 7 | 50000 | <i>5/4</i> | N/A |
| | 6. C. H. A. D. / o. K | 1)/A | V) (V |
| 4 | 512 | Δ //Δ | 1)/0 |
| | Source Contractor Laments | N/A | N/A |
| | / | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | , |
| | | | , |

| | | | | | | | | | | | | | | | |
|------|---------------|------------|----------------------------|-------------------------------------|--------------------------------|----------------------|---|----------------------|--|--|--|--|--|----------------------------|---------|
| | US Bank Accts | USAA Acets | Devintus, LLC (Technology) | JT 1st Bank of Paducah, KY accounts | DC, Examples: Simon & Schuster | SP, Mega Corp. Stock | bornes 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 (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. | 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 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. | Asset and/or Income Source | BLOCK A |
| | × | × | × | × | Indefinite | × | None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 | | A BD C D E E E E E E E E E E E E E E E E E | *This column is for assets solely held by your spouse or dependent child. | it generated income, the value should be "None." | If an asset was sold during the report- ing year and is included only because | 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. | Value of Asset | BLOCK B |
| | × | × | X | X | Royalties | × | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income | ne) | | 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. Dividends , | 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) | Type of Income | BLOCK C |
| | × | × | X | × | X | × | None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$6,000 \$5,001 - \$15,000 \$50,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$6,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$5,000 \$1,001 - \$5,000 \$1,001 - \$5,000 \$15,001 - \$5,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* | X X X X | Current Year Preceding Year | | 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 | Amount of Income | BLOCK D |

SCHEDULE III — LIABILITIES

Name (aig Robbins

Page 4 of 4

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.

| | | | | - 1 | | | | | | | | |
|--|---------------------------------|---------------------------------------|--|--------------------------|---------------------------|-------------------------|--------------------------------|----------------------|--|---------------------------------|---------------------------------------|------------------|
| | | | | | | | | | | | | |
| | | | | | | | | X | 2001 Personal Louns | 100 Jan 1 | USAA ' | |
| | | | | | | | | X | los Student Lours | Mun 2003 | Sallie Mape | 52 , |
| | | | | | | | X | | leg Jas Student Leans | Seo 201 | Nel net | |
| | | | - | | × | | | | Mortgage on 123 Main Street, Dover, DE | May 1998 | Example: First Bank of Wilmington, DE | |
| \$50,000,000 C Spouse/DC Liability over S \$1,000,000 | \$25,000,001— \$50,000,000 — | \$5,000,001— \$25,000,000 エ | \$1,000,000 \$1,000,001— \$5,000,000 | \$500,000 m \$500,001 | \$100,001— \$250,000 □ | \$50,001 \$100,000 O | \$15,001— \$50,000 U | \$10,001 \$15,000 | Type of Liability | Date Liability Incurred mo/year | Creditor | SP, DC, JT |
| | | bility | Amount of Liability | Amour | | | | | | , | | |

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 offi-

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 of an individity flatale. | GIGIC. |
|--|----------------------|
| Position | Name of Organization |
| Proprietor | Derinhs 11c |
| | |
| | |
| | |
| | |