							Conduct.
₹	ependent child rds of Official Yes	lities of a spouse or d Committee on Standa	income, transactions, or liabilities of a spouse or dependent child have first consulted with the Committee on Standards of Official	"unearned" income unless you have fir	er assets, "une wer "yes" unles	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transaction because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted for the constant of the c	EXEMPTION—Have you because they meet all thr
No 🛛	excepted trusts" (See Instructions, Yes	cial Conduct and certain other "excepted trusts" spouse, or a dependent child? (See Instructions,	dards of Official Condung you, your spouse, c	וittee on Stan ו trust benefiti	d by the Commetails of such a	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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? (See Instruction page 8.)	TRUSTS—Details regard need not be disclosed. Hapage 8.)
5	ANSWER EACH OF THESE QUESTIONS	SWER EACH		TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLUSION OF S
	schedule attached for each "Yes" response.	fule attached for	appropriate sched	and the	e answered	Each question in this part must be	Each q
200	\$5,000 from Yes X	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.	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI.	8 ⊠	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.	 Did you, your spouse, or able liability (more than \$10,0 if yes, complete and attach
ĕ ⊠	rrangement Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any rep with an outside entity? If yes, complete and at	<u>s</u>	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.	It. Did you, your spouse, or income of more than \$200 in reportable asset worth more fyes, complete and attach
8	before the date or two years? 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.	IV. Did you hold any regot filing in the current call yes, complete and at	S D	Yes	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. 	t. Did you or your spouse ha fees) of \$200 or more from a fi yes, complete and attach
			ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH		PRELIMINARY INFORMATION
	than 30 days late.		* distance		Office:	employee Employing Office:	emp
as	A \$200 penalty shall be assessed against anybody who files more	Check if Amendment	5/20//y	Date of Election:	rege M	Candidate for the State: O House of Representatives District: O	Filer Can
S3	US. HOUSE OF REPRESENTATIVES (Office Use Only)						
Ο,	2014 FEB 24 PM 1: 36		Daytime Telephone:	Daytime	3	Browhard Robinson	Name: Arthur
TER TER	FEB 1 0 2014	M B and new employees	FORM B For use by candidates and new employees		5,2014	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - April 15	Period covered: January 1,

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Name Ö Robinson Page 3 or 6

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.

)			Ocience and Medicine	Harris County, Texas Public Schools			CCLICG (include date of receipt for Horiotatia)	Source (include date of respond for honoraria)	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and
	-					Writer + Publisher	Social Security	Research + Administration	Spouse Salary	Director's Fee	Salary	Type	Typo	nent programs, and benefits re
						\$ 3,334	\$ 2,091	\$ 15,000	NA	\$400	\$6,300	Current Year to Filing	Amo	benefits received under the Social Security Act
						\$ 55,963	\$ 25,088	\$ 100,000	NA	\$3,200	\$28,450	Preceding Year	Amount	Security Act.

Think or Swim	R. J. O'Brien	Merrill Lynch	Bank of America		Examples:	SP, SP Mega Corp. Stock	· · · · · · · · · · · · · · · · · · ·	name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the		
X	×	×	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$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 NONE		ABCDEFGHIJKL	Value of Asset Value of Asset 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 it generated income, the value should be "None."
×	×	×	×	X	Royalties	×	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership)	Income or Farm	Income)	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
			X	X		×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000		Current Year Preceding Year	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.

SCHEDULE III — LIABILITIES

Name Arthur B. Robinson

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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 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 owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you

Creditor Example: First Bank of Wilmington, Delaware		
Type of Liability Mortgage on 123 Main Street, Dover, Del. — ✓ ✓ on e —		
\$10,001— \$15,000	8	
\$15,001— \$50,000	င	
	ם	
4235,330	П	Amo
	TI	unt o
	G	Amount of Liability
\$1,000,001— \$5,000,000 : \$5,000,001—	Ŧ	₹
\$25,000,000 \$25,000,001—	-	
\$50,000,000 Over	L K	

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 of an organization, partner, proprietor, representative, employee, or consultant of any corporation, 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);

	_			_
	of Board of Trustees	ر لو (President, Research	Position
			Oregon Institute of Science and Medicine	Name of Organization

SCHEDULE V—AGREEMENTS

Arthur B. Robinson

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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 plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	- None -	
		The second secon

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
Oregon Institute of Science + Medicine	
225) Dick George Road	
Case Junction OR 97523	