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**UNITED STATES HOUSE OF REPRESENTATIVES** 

<u>\$</u>	Yes	child because	sactions, or liabilities of a spouse or dependent cwith the Committee on Ethics.	" income, trans	assets, "unearnec ınless you have fi	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.	- ⇔π
₹   <u>X</u>	Yes	closed. Have you	d certain other "excepted trusts" need not be disc	on Ethics and dependent child	by the Committee , your spouse, or	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 dependent child?	® <b>∃</b>
S	UESTIONS	F THESE QU	MATION — ANSWER <u>EACH</u> OF THESE QUESTIONS	T INFORM	; OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	
the onse.	wered and Yes" respo	must be answed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	Yes X	V. 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 V.	<b>≒</b> ≅ <
<u>×</u>	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	₹   <u>X</u>	Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	<b>≒</b> ⇔ ○ >
N <sub>S</sub>	Yes	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	N <sub>o</sub>	yes X	III. 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 III.	<b>*</b>
<b>₹</b>	Yes	d receive any n the reporting		¥  X	Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	33 E =
× N	Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	No	Yes X	I. 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.	<b>=</b> a = -
			ANSWER EACH OF THESE QUESTIONS	OF THESI	ER EACH	PRELIMINARY INFORMATION — ANSW	P
nore man	ie who mes n	30 days late.	Termination Date:		Amendment	Type Annual (May 16, 2011)	
assessed	ty shall be	A \$200 penalty shall be assessed	Employing Office:	Officer or Employee	to Julgai	Status Member of the U.S. State: VITU Status House of Representatives District: 5	
ENTER 02	2011 MAY 13 PM 5: 02	LEGISI ATIVE PESCUPACE PENTENTENTES  2011 MAY 13 PM 5: 02  U.S. HÖÜSEOTTIPE 1988 QUINTA	Daytime Telephone: 702 225 47[]	Daytime T	•	Name: ROBERT HUNT	7
RED	ELIVE	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	SURE STATE	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	۵,

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## SCHEDULE I—EARNED INCOME

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.

<b>Exclude:</b> Military pay (such as National Guard of Heserve pay), rederal retirement programs, and benefits received under the Social Security Act.	its received under the Social Se	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee Legislative Pension	\$6,000 \$9,000
Examples: Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
ROBERT HUNT, PLLC, Chetham, Vivainia	Business Income	\$74,914.50
SENATE OF VIRGINIA, Richmond Virginia	Salary	\$31,366.80
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Page \_\_\_\_\_ of \_\_\_

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TO MORUN MAIN STACEST	COLLEGE BOUND FUND 529  COLLEGE ABOUTOST NO PORTIONS	selvas one acoust	ANCICIAN FUNDS IRA	COMMONWEALTH OF MERGIMA	labouthout, Puc (School 1)	1st Bank of Paducah, KY Accounts	Examples: Simon & Schuster	SP Mega Corp. Stock	the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  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.  Exclude: Your personal residence, including second homes and vacation homes ( <i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving 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 III requirements, please refer to the instruction booklet.	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) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific interest provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only
									None ➤	Ind rep me ple ple user
				<u> </u>	_	<b>!</b> _	īde		\$1 - \$1,000	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."
		×	×		1	<u> </u>	Indefinite		\$1,001 – \$15,000	nng specified of or
			ļ	×	<u> </u>	╀	Φ.	J	\$15,001 - \$50,000	Value value year. other to becify to the was strained incorrections.
×			-		<del> </del>	×	-	×	\$50,001 - \$100,000 m	Value of Asset ague of asset ague of asset agear. If you use agear than fair macify the method uwas sold during the included only income, the value
			<u></u>	ļ	<u> </u>	F			#100,001 - \$2.00,000	ue of Asset of asset at If you use a than fair mark the method use sold during the cluded only b me, the value
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						╁			\$1,000,001 - \$5,000,000 - \$5,000,000 - \$	t cl a warket sed becessed
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			<b> </b>			┪			\$25,000,001 - \$50,000,000 ~	ting tion
			<u> </u>	×		┢			NONE	
	<b>×</b>		×		ļ		-	×	DIVIDENDS	Type of II Check all columns retirement accounts you to choose specifithat generate tax-o (such as 401(k) plaumay check the 'Buildends, interesting even if reim disclosed as incomif the asset generate ing the reporting period in the second
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			ļ —	-	<u> </u>		-		INTEREST	Type Type Type Type Type Type Type Type
	$\times$	×	×	<b></b>	1	<del> </del>	_	×	CAPITAL GAINS	ting sin the state of the state
				<u> </u>	· ·				EXCEPTED/BLIND TRUST	Type of Inc.  Type of Inc.  Check all columns the retirement accounts that you to choose specific in that generate tax-defic (such as 401(k) plans omay check the "No Dividends, interest, gains, even if reinvest disclosed as income, if the asset generated nor ing the reporting period.
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income  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 "None" 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.
			ļ					ļ	None –	you that as as the che was
		×		1	ļ		1		\$1 - \$200 =	Amount of Inc  Amount of Inc  For retirement accounts tha you to choose specific inv that generate tax-deferred is as 401(k) plans or IRAs), you the "None" column. For all indicate the category of checking the appropriate checking the appropriate bividends, interest, and ceven if reinvested, must leas income. Check "None" was earned or generated.
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	<u>×</u>			<u> </u>		_	-	×	\$1,001 - \$2,500 ~	Amount of Income ament accounts that do n shoose specific investmerate tax-deferred income) plans or IRAs), you male column. For all other the category of incomes the appropriate boxes, interest, and capital dis, interest, must be disme. Check "None" if no ned or generated.
			ļ	1	ļ		-	ļ.,	\$2,501 – \$5,000 <	punt of Ince t accounts that a specific inv tax-deferred in tax-deferred in s or IRAs), yo ilumn. For all c category of appropriate therest, and ce seted, must b bested, must b bested, more in Check "None" in Check "None" in Check "Rone" in Check "None"
×						×	_		\$5,001 <b>-</b> \$15,000 ≤	of control of the con
			<u> </u>		ļ		<u> </u>		\$15,001 – \$50,000 <u>≦</u>	Inc in the interest of the int
				ļ	ļ	L	-		\$50,001 <b>–</b> \$100,000 ≦	if n
			ļ	1			×		\$100,001 – \$1,000,000 ×	men men may composition of incomposition
		<u> </u>	ļ	ļ	-	1	<u> </u>		\$1,000,001 - \$5,000,000 ×	Amount of Income  Amount of Income  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 "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.
					<u> </u>	╀		-	Over \$5,000,000 ×	
ſ	}	1	1	1				S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial). See below for example.  P, S, E	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

#### **SCHEDULE V— LIABILITIES**

Name LOBGRI HUM

Page \_\_\_\_of\_\_

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 year. Exclude: Any mortgage on your personal residence (unless it is rented out); 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 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 preceding calendar year exceeded \$10,000.

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				SP, DC, JT	
		FIRM CLTIZOUS BANK, Chothom, VA	Example: First Bank of Wilmington, DE	Creditor	
		July Dook	May 1998	Date Liability Incurred Mo/Year	
	Chalman, Va	bly Door Buiner Egisty Line on 10 N. Main 97	Mortgage on 123 Main St., Dover, DE	Type of Liability	
				\$10,001- \$15,000	
		×		\$15,001- \$50,000	
				\$50,001- \$100,000	
	1		×	\$100,001- \$250,000 D	
	ļ			\$500,000 m \$500,001-	
				\$1,000,000 " B	
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				\$25,000,000 - \$25,000,001- \$50,000,000	
				Over \$50,000,000	

### SCHEDULE VI — GIFTS NA

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source Source	Description  Cityer Platter (determination on personal triandship received from Committee on Standards)
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)

### **SCHEDULE VIII—POSITIONS**

Name ROSCAT HANT Page 1 of 1

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); 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 political parties and campaign organi-

Position	Name of Organization
hanader-Newber	Robert Hurt PUC
Director	Virginia Bar Association (uncomponsated)
Director	New College Mathrite (uncompensated)
Director	Domon Eagle Momonal Home (municipality)
linector .	Perensen linistante for Political Leave (Phip Concompansated)
Director	W.E. Skerton 4-H Educational Conference (enter (uncompensated)

# SCHEDULE IX—AGREEMENTS NA

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				
sement				
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