

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER
2014 JUL 14 PM 3:19

Name:

Andrew M. Toal

Daytime Telephone:

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

| | | | |
|--------------|--|------------------------------|---|
| FILER STATUS | <input type="checkbox"/> New Member or Candidate for U.S. House of Representatives | State: _____ District: _____ | <input type="checkbox"/> Check if Amendment |
| | <input type="checkbox"/> Candidates - Date of Election: _____ | | |
| | <input type="checkbox"/> 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 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? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | F. Do you have any reportable agreements or arrangements with an outside entity? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Detail regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from the report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

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.

Yes ☐ No ☒

2011



STATE OF ARIZONA

STATEMENT OF EARNINGS

PAYMENT NUMBER: [REDACTED]

PAY DATE: 06/26/2014

PROCESS LEVEL: H0800

EMPLOYEE NAME
ANDREW TOBIN

FIN
112431

PAY PERIOD
06/07/2014 - 06/20/2014

| DESCRIPTION | PAY | HOURS | CURRENT | YTD | DESCRIPTION | PRE-TAX DEDUCTIONS | CURRENT | YTD |
|-----------------------------|-----|-------|---------|----------|-------------------------------|--------------------|---------|---------|
| REGULAR PAY | | 80.00 | 923.08 | 12000.04 | RETIRE - EO&J - EE | | 120.00 | 1560.00 |
| NON-TAXABLE TRAVEL | | | 286.58 | 3546.58 | DELTA DENTAL - EE | | 48.26 | 627.38 |
| LEG SUBSISTENCE-NON-TAXABLE | | | 420.00 | 7920.00 | HARTFORD SUPP LIFE - PTX - EE | | 11.95 | 165.35 |
| | | | | | AMERIDEN EPO - EE | | 102.00 | 1328.00 |
| | | | | | AVESIS VISION - EE | | 7.78 | 101.14 |

TAXES WITHHELD

| DESCRIPTION | CURRENT | YTD | YTD TAXABLE WAGES |
|----------------------|---------|---------|-------------------|
| FEDERAL WITHHOLDING | 430.81 | 5600.53 | 8230.17 |
| SOCIAL SECURITY - EE | 48.69 | 608.99 | 8780.17 |
| MEDICARE - EE | 10.92 | 141.96 | 9790.17 |
| AZ STATE W/H TAX | 40.49 | 526.37 | 8230.17 |

AFTER-TAX DEDUCTIONS

| DESCRIPTION | CURRENT | YTD |
|--------------------------------|---------|--------|
| HARTFORD SUPP LIFE - TXBL - EE | 11.95 | 155.35 |
| HARTFORD DEP LIFE - TXBLE - EE | 3.25 | 42.25 |
| HARTFORD SHORT TERM DISABILITY | 6.46 | 83.98 |

NET PAY CALCULATION

| DESCRIPTION | HOURS | CURRENT | YTD |
|-------------|-------|---------|----------|
| TOTAL GROSS | 80.00 | 1629.66 | 23466.60 |
| TAXES | | 528.91 | 6675.85 |
| DEDUCTIONS | | 311.66 | 4051.46 |
| NET PAY | | 789.10 | 12539.30 |

PAYMENT DISTRIBUTIONS

| DESCRIPTION | TYPE | AMOUNT |
|------------------------------|---------|--------|
| M & I MARSHALL & ILSLEY BANK | DIR DEP | 789.10 |

[Click to display your total compensation](#)

4811
NATIONAL BANK OF ARIZONA

PO Box 30709 Salt Lake City, UT 84130-0709

Statement of Accounts

Page 1 of 4

This Statement: June 30, 2014

Last Statement: May 30, 2014

Primary Account [REDACTED]

[REDACTED]
023837
005270 [REDACTED] 03/08 [REDACTED] 03/02 00507007/3
TOBIN CONSTITUENT SERVICES ACCOUNT
3767 KARICIO LN STE A
PRESCOTT AZ 86303-6837



DIRECT INQUIRIES TO:

1 (800) 497-8168
WWW.NBARIZONA.COM
Prescott Regional
(928) 708-6900
201 N Montezuma Ste 100
Prescott, AZ 86301-0000



Tired of all the paper? Start receiving your statements electronically and view your account notices online.
Sign up for Online Banking or login today at WWW.NBARIZONA.COM

The "Disputes" section of your "Depositor's Agreement" is amended to state it will not be applied in any manner prohibited by law, and to provide that National Bank of Arizona will not request arbitration of a Consumer Dispute unless the jury waiver is not enforced and the Dispute relates to your depositor's agreement or a product described therein.

AMAZING REWARDS CREDIT CARD FROM NB|AZI Turn everyday purchases into points to redeem for whatever is important to you. Make any purchase, anywhere and use your reward points to reimburse yourself. Visit <https://www.nbarizona.com/business-rewards> to learn more. Subject to credit approval. Restrictions apply.

SUMMARY OF ACCOUNT BALANCE

| Account Type | Account Number | Checking/Savings Ending Balance | Outstanding Balances Owed |
|---------------------------|----------------|------------------------------------|------------------------------|
| Business Freedom Checking | [REDACTED] | \$104.46 | |

BUSINESS FREEDOM CHECKING 0430012191

107 0

| Previous Balance | Deposits/Credits | Charges/Debits | Checks Processed | Ending Balance |
|------------------|------------------|----------------|------------------|----------------|
| 112.46 | 0.00 | 8.00 | 0.00 | 104.46 |

0 DEPOSITS/CREDITS

There were no transactions this period.

1 CHARGE/DEBIT

| Date | Amount | Description |
|-------|--------|-----------------|
| 06/30 | 8.00 | MAINTENANCE FEE |

0 CHECKS PROCESSED

There were no transactions this period.

AGGREGATE OVERDRAFT AND RETURNED ITEM FEES

| | Total for This Period | Total Year-to-Date |
|--------------------------|-----------------------|--------------------|
| Total Overdraft Fees | \$0.00 | \$0.00 |
| Total Returned Item Fees | \$0.00 | \$0.00 |

To learn more about our other products and services that may lower the cost of managing account overdrafts or to discuss removing overdraft coverage from your account, please contact Customer Service or visit your local branch.



MEMBER
FDIC

WWW.NBARIZONA.COM

0032795-0000002-0080857

Name: Andrew M. TORRES Page 5 of 11

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 \$28,955. 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.

Use additional sheets if more space is required

60611

Deposit Income
Not State of AZ

Dec '13 \$ 7341
48

\$ 7389

Jan 14

17
183
1978
36
38
3228

Feb 14

16
177
16
31
6224
292
836
69
41
36
3881

110611 Mar '14

23
4020
128
701
122
3617

April '14

3730
18
69
239
1772
46
53

May '14

17
69
811
211
16
43

June '14 → 15th

6502
145
773
99
30

June 20 \$7056

40353

Andrew M. Tomas Page 8 of 11

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Andrew Tobias Page 10 of 11

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 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, boats, motorcycles, 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.

| SP, DC, JT | Creditor | Date Liability Incurred MO/YR | Type of Liability | Amount of Liability | | | | | | | | | | |
|------------|------------------------------|-------------------------------|--|---------------------|-------------------|--------------------|---------------------|---------------------|-----------------------|-------------------------|--------------------------|---------------------------|-------------------|---|
| | | | | A | B | C | D | E | F | G | H | I | J | K |
| | | | | \$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 | \$1,000,001-\$5,000,000 | \$5,000,001-\$25,000,000 | \$25,000,001-\$50,000,000 | Over \$50,000,000 | Over \$1,000,000* (Spouse/DC Liability) |
| Example | First Bank of Washington, DE | 1998 | Mortgage on Rental Property, Dover, DE | | | | X | | | | | | | |
| | BPMD | 2004 | Mortgage 1st | | | | | X | | | | | | |
| | American Express | 2005 | AmEx FDC | | | | | | X | | | | | |
| | Bank of America | 2000 | Credit Card | | X | | | | | | | | | |
| | BPMD Bond 10/17 | 1990 | Credit Card | | X | | | | | | | | | |
| | BPMD Bond 10/17 | 2005 | BPMD Card | | | X | | | | | | | | |

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 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 |
|----------------------|------------------------------------|
| Director | Concord House Charitable |
| Officer | FAHNE Insurance - Terminated 10/06 |
| Speaker of the House | AZ House of Representatives |
| Andrew M. Tobias | Sole proprietor |

Use additional sheets if more space is required.

SCHEDULE F - AGREEMENTS

Name: _____

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to future employment, a lease of advance 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 Agreement | Terms of Agreement |
|------|----------------------|----------------------------------|
| | No | Agreements for Future Employment |
| | | |
| | | |
| | | |
| | | |
| | | |

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 |
| Abbe Cross (by) Shildie | Insurance Sales/Service |
| The School Board Assoc. of | Insurance Sales/Service |
| Central Phys. & Therapy AD. | Health Benefits Service/Consulting |
| | |
| | |
| | |
| | |

Use additional sheets if more space is required.