×	Yes 🔲	pendent child	es of a spouse or dependent child mmittee on Ethics.	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Commi	arned" income, s you have firs	ny other assets, "une ot answer "yes" unles	this report aumption? Do n	we you excluded from all three tests for exer	TION—Havet	EXEMP
No X	Yes 🗌	ot be	epted trusts" need no child?	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?	ittee on Ethics ing you, your s	proved by the Common such a trust benefit	lind Trusts" ap	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain Have you excluded from this report details of such a trust benefiting you, your spouse, or a	Details nd. Have you	TRUSTS- disclosed.
ัด	QUESTION)F THESE	WER EACH O	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	TINFORM	NT, OR TRUS)EPENDE	OF SPOUSE, D	SION C	EXCLL
	response.	each "Yes"	ile attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule	and the ap	ust be answered	າis part mເ	ch question in th	Ea	
S	Yes X	\$5,000 from	ensation of more than \$5,000 from prior years?	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI.	No X	Yes	d have any repo porting period?	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.	iu, your spou ity (more than mplete and	III. Did yo able liabili If yes, co
× ×	Yes	rangement	rtable agreement or arrangement ach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V	<u>§</u>	rned" rod? Yes X	receive "unear riod or hold any e end of the pe	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.	more than \$ asset worth	II. Did yo income of reportable If yes, co
No U	Yes X	xefore the date or two years?	rtable positions on or b indar year or in the prio ich 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.	o No	as or Yes X	ne (e.g., salaric reporting perioc	 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. 	or your spo 200 or more mplete and	t. Did you fees) of \$:
				ANSWER EACH OF THESE QUESTIONS	OF THESE	SWER EACH		PRELIMINARY INFORMATION — ANSW	MINARY	PRELI
						Engloying Caron		amprojec		
who files	against any individual v	against a	Amenament		Ligation	bying Office:		— *		Status
assessed	A \$200 penalty shall be assessed	A \$200 pe	Check if	June 2014	Date of	a)	Ĭ	Candidate for the	×	Filer
	(Office Use Only)	7								
		3		Daytime Telephone:	Daytime '			Robin Leo Chew		Name:
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AGE GENTER	LEGISLATIVE RESOURCE GENTER	201 LEGI	83	FORM B		ENTATIVES	REPRESI	UNITED STATES HOUSE OF REPRESENTATIVES	D STAT	FINAL

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Robin Leo Chew Page 2 of 5

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.

Exclude: Militally bay (such as Inational Gually of Freshive bay), reversi reure	cincin programs, and pending it	COCIACA GILACA GILA COCIAI C	Coldi Cooding Ton
Source (include date of receipt for bonoraria)	Type	Amount	unt
Codico (incluse date el localet lei nelletalla)	.)	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
_	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
<pre>proU.net, Inc., Campbell, CA (President)</pre>	Salary	\$136,362	\$128,687
Lucidcafe.com, Emerald Hills, CA (Owner)		loss	loss

1 1 1	provider of Internet	_ ⊢ n i	proU.net, Inc.(1.5 M		Examples: Simon & Schuster	SP Mega Corp. Stock	Exclude: Your personal residence, including second homes 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.	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 incoming in District.	estment, xx, e.g.,	(do not use ticker symbols). 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.	or investment or production value exceeding \$1,000 at year, other of income which generated of income during the year.	BLOCK A Asset and/or Income Source
			×	×	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 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000		This column is for assets solely held your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	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 report-	Value of Asset
			s corp	X	Royabies	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		during the reporting period.	interest, and capital gains, even interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset reportation to 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	BLOCK C Type of Income
			X		X	X	None	ear Preceding Year		* This column is for income derived from assets solely held by your 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 income. Check "None" if no income was earned or generated.	Amount of Income

SCHEDULE III — LIABILITIES

Name Robin Leo Chew Page 4

of 5

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 (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 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

		: 			J DC SP
			N/A	Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
				Mortgage on 123 Main Street, Dover, DE	Type of Liability
		Ì			\$10,001— \$15,000 >
					\$15,001— \$50,000 D
		24.) 	\$50,001— \$100,000
				⊢	\$100,001— \$250,000
				L	\$250,001
	 <u> </u>			L	\$500,001— \$1,000,000 TI \$1,000,001— QI
	 			L	\$5,000,000 *** b
				_	\$25,000,001—
<u> </u>	 			-	\$50,000,090 — Over \$50,000,000 —
		<u> </u>		H	\$50,000,000 Spouse/DC Liability over 73

SCHEDULE IV — POSITIONS

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

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 honorary nature

and positions solely of all horionary nature.	MATURE.
Position	Name of Organization
See Schedule I	

Use additional sheets if more space is required.

SCHEDULE V - AGREEMENTS

Name	
Robin	
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Page 5	
o 5	

leave of absence during the period of government ruing participation in an employee welfare or ben-

, , , , ,		
Date	Parties To	Terms of Agreement
	N/A	

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
See Schedule I	

GPO: 2013

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