Name:

CALENDAR YEAR

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Report Type

Filer Status

₹	Yes	Jails regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you n this report details of such a trust benefiting you, your spouse, or dependent child?	on Ethics an dependent ch	tails regarding "Qualified Blind Trusts" approved by the Committee on Ethics and committee on this report details of such a trust benefiting you, your spouse, or dependent child?
S	UESTION	IMATION — ANSWER <u>EACH</u> OF THESE Q	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
the onse.	wered and Yes" resp	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No U	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.
N _S	Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _S	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.
∑	Yes	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.	No No	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.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	No.	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.
N _O	Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	N N	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? Yes If yes, complete and attach Schedule I.

•**ON**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because neet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC Examples: XYZ Magazine	Speech Article	Feb. 2, 2011 Aug. 13, 2011	\$2,000 \$500
Mc Gladras LLP's MANNERSTORM DENEROUS BOXES GIRLS	Speech	Oct 18 2012	10000
and Ostribution Auchtra Summat Club Decrea IL			
		5 5 5 5 5	S
	0 0 0 0 0 0 0 0 0 0		
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Name

BLOCK C

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Asset and/or Income Source BLOCK A

the end of the reporting period, and (b) any other more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated Identify (a) each asset held for investment or production income with a fair market value exceeding \$1,000 at

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

value at the end of the reporting period. the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retirethe power, even if not exercised, to select the specific plans) that are self-directed (*i.e.*, plans in which you have For all IRAs and other retirement plans (such as 401(k) investments), provide the value for each asset held in the

For rental or other real property held for investment, provide a complete address.

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portion of

If only a

that is not publicly traded, state the name of the busition in Block A. ness, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business

from, a federal retirement program, including the Thrift ing \$5,000 or less in a personal checking or saving Exclude: Your personal residence, including second accounts; and any financial interest in, or income derived ncome during the reporting period); any deposits totalhomes and vacation homes (unless there was rental

optional column on the far left. child (DC), or is jointly held with your spouse (JT), in the income source is that of your spouse (SP) or dependent If you so choose, you may indicate that an asset or None

\$1 ~ \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 -- \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Over \$50,000,000

NONE

None

\$1 - \$200

\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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Royalties

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(partial)

DIVIDENDS RENT

INTEREST

CAPITAL GAINS

TAX-DEFERRED

Other Type of Income

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: e.g., Partnership Income or Farm Income)

for exam-See below (S) (partial) follows: indicate as sold, please an asset is

please refer to the instruction booklet For a detailed discussion of Schedule III requirements

В

Examples

Mega Corp. Stock Simon & Schuster

Sheet.

Wee ld HIGHIGHT

Buildin

Marine 1 - Complexent

SAIR

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1st Bank of Paducah, KY Accounts

Indefinite

EDWARD

CAST MULINE

DIANES

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Herr mal COMMING!

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Value of Asset BLOCK B

please specify the method used reporting year. If you use a valuation method other than fair market value, Indicate value of asset at close of

generated income, the value should be "None." year and is included only because it If an asset was sold during the reporting

> Check all columns that apply. Type of Income

gains, even if reinvested, must be Dividends, interest, and capital ing the reporting period. if the asset generated no income dur disclosed as income. Check "None" may check the "Tax-Deferred" column. that generate tax-deferred income you to choose specific investments <u>or</u> retirement accounts that do not allow (such as 401(k) plans or IRAs), you

Deferred" For asset "None" col

earned or interest, cate the co reinveste the appro income. (

generated:	Check "None" if no income was	d, must be disclosed as	and capital gains, even if	priate box below. Dividends,	ategory of income by checking	lumn. For all other assets, indi-	in Block C, you may check the	s for which you checked lax-		mount of Income	BLOCK D
	year.	reporting	\$1,000 in	(E) exceeding	or exchanges	(P), sales (S),	purchases	asset had	Indicate if the	Transaction	BLOCK E

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additional
assets a
and
unearned income, use
income,
use
next
page

SCHEDULE V— LIABILITIES

Name Page 4 of S

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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

ה ס		Date Liability		A	В	ဂ	Amou		E of	nt of Liabi	of Liability		
J C X	Creditor	Incurred Mo/Year	Type of Liability	640.001	\$10,001- \$15,000	\$15,000 \$15,001- \$50,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,001- \$500,001- \$1,000,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,001- \$250,001- \$500,000 \$500,001- \$1,000,000 \$1,000,000- \$5,000,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,001- \$500,001- \$1,000,000 \$1,000,000 \$5,000,001- \$5,000,000 \$5,000,001- \$25,000,001-	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,001- \$500,000 \$500,001- \$1,000,000 \$5,000,001- \$5,000,001-
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE					×	×	×	×	×	×
T+	BUTCHANK BONIC & TRUST	2007	Equipment lear		X	X	X	X	X	X	X	X	X
0	SALLIE MAE	2006	Student Lian				X	X	X				
7	ASSENTE CU. BETTENDOUS IA	12.09	Primary Desidence Colona IC		3	9		X	X	\(\times\)	X	X	X

SCHEDULE VI— GIFTS

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 \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 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	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
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Name Page 2 of

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, organization, or any educational or other institution other than the United States.

tions); 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 organiza-

		OWNER	Position
		SAINT GUSEPPES HOVEN/Y PIZZA MOLINE IL VIAUS	Name of Organization

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

Date	Parties To	Terms of Agreement