| UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - APRIL 30, 2014 For use by candidates and new employees | LEGISLATIVE RESOURCE CENTER 2014 HAY 21 DM 12: 25 | age 1 of 6 |
|--|---|-----------------------|
| Name: CORINNA ANN ROBINSON Daytime Telephone: | U.S. HOUSE OF REPRESENTATIVES | VES |
| | (Office Use Only) | |
| Filer X Candidate for the House of Representatives State: South Dake of Election: TUME \$ 2014 Check if Election: TUME \$ 2014 Amendment Status New officer or employee Employing Office: | A \$200 penalty shall be a against any individual w more than 30 days late. | assessed who files |
| in all sections, please type or print clearly in blue or black ink. | | |
| 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 No IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV. | fore the date wo years? 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? Yes No Unityou have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | ngement Yes | ₹ |
| III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Unit you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule III. | 5,000 from Yes | ₹ X |
| Each question in this part must be answered and the appropriate schedule attached for e | dule attached for each "Yes" response. | |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OI | EACH OF THESE QUESTIONS | S |
| 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? | t be Yes | N _O |
| 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. | pendent child Yes | × ⊠ |

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Page Z of C

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: willially pay (such as national or neserve pay), lederal retilement programs, and benefits received under the social security Act. | ement programs, and penents | received under the Social s | security Act. |
|---|-----------------------------|-----------------------------|--|
| Source (include date of receipt for honoraria) | - PUAL | Amount | unt |
| Contro (iliciado date of fecelpt to inclinata) | 1 900 | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 |
| First Bank & Trust, Houston, TX | 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 |
| PENTAGON FORCE PROTECTION AGENCY, WASH D.C. | SALARY | NA | \$ 69,159. |
| U.S. GOVERNMENT - POST 9/11 G.T. 8111 | CHAP. 33 | # 14,400. | \$ 14,400. |
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| THRIFT SAVINGS PLAN | TIMESHAKE - FLOKIDA | | TIMESHARE - VIRGINIA | NSAA ROTH IKA | USAA MHF | JT 1st Bank of Paducah, KY accounts | DC, Examples: Simon & Schuster | SP, SP Mega Corp. Stock | | me of the husi- | 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) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state. | BLOCK A |
|---------------------|---------------------|---|----------------------|---------------|----------|-------------------------------------|--------------------------------|-------------------------|---|-----------------------------|--|---------|
| 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 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 - \$50,000,000 \$25,000,000 - \$50,000,000 | ABCDEFGHIJKLM | 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." *This column is for assets solely held by your spouse or dependent child. | BLOCK B |
| | | | | | | × | Royalties | × | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED 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 "Tax-Deferred" 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. | вгоск с |
| | | | | | | | × | X | None | Current Year Preceding Year | 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. * This column is for income derived from assets solely held by your spouse or dependent child. | BLOCK D |

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CORINIA ANN ROBINSI

Page Z of L

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| | | | | | | | | | | | | SALE OF VA HOME | MARY KAY LASMETICS | | | Asset and/or Income Source | BLOCK A |
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| | , | | | | | | | | | | | | | \$15,001 - \$50,000 | Ō | _ | |
| . | | | | | | | | | | | | | | \$50,001 - \$100,000 | т | Value of Asset | |
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| | | | | | | | | | | | | | | TAX-DEFERRED | | Type of Income | |
| | | | | | | | | | | | | | | Other Type of Income(Spec | ify: e.g., | ō | |
| | | | | | | | | | | | | | ~_ | Partnership Income or Farm Inc | ome) | | |
| | | | | <u> </u> | | | | | | | | × | × | None – | | | |
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| — | | | | | <u> </u> | | | | | | | | + | \$1 – \$200 = | | nc | O |
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| l . | İ | I | I | 1 | 1 | I | | I | l | 1 | l | 1 | 1 | Spouse/DC Income over \$1,000,000° ≧ | | | |

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SCHEDULE III — LIABILITIES

Name CORINKA ANN RIBINSON

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ture, 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 sib-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 furniling 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.

| | | | | | SP, DC, JT |
|------------------------|-----------------------------------|-----------------------|---------------------------|--|--|
| College Lean (co-sign) | Timeshare USAA | Timeshare USAA | Timeshare ILSAA | Example: First Bank of Wilmington, DE | Creditor |
| Sep 2012 | Arg 2011 | June 2011 | Tuly 2006 | May 1998 | Date Liability Incurred mo/year |
| Sepzon Sallie Mac | Any 2011 Singer Island, FL 8,540. | VIIIIansburg VA 5.492 | Tely 2006 Williamsburg VA | Mortgage on 123 Main Street, Dover, DE | Type of Liability |
| | | | × | | \$10,001— \$15,000 |
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| | | | · | | \$50,000,000 Spouse/DC Liability over \$1,000,000 |

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, 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.

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);

| alla positions solely of all horiorally rialline. | aue. |
|---|---|
| Position | Name of Organization |
| Discotor (ATEP) | Pentagon Force Protection Agency |
| Vice President | Dal Senier Professional Namen's Association |
| Integradent Consultant Mary Kay Cosmetics | Mary Kay Cosmetics |
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| • | Name CURINAL ANN RUBINS | |

Page Le of L

efit plan maintained by a former employer. 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 ben-

| | | | • | Date | |
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| The second secon | | | | Parties To | |
| | | | | Terms of Agreement | |

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 Dutles |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting services |
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