

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT**

**FORM B**  
For use by candidates and new employees

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LEGISLATIVE RESOURCE CENTER

2010 MAY 20 PM 12:23

U.S. HOUSE OF REPRESENTATIVES

Period covered: January 1, ~~2009~~ - APRIL 30, 2010

Name: ROBERT YOUNG CORNILLES

Daytime Telephone: 503.336.1233

*[Signature]* **MAY 13 2010**  
Office Use Only

|              |  |                      |                                  |  |
|--------------|--|----------------------|----------------------------------|--|
| Filer Status | <input checked="" type="checkbox"/> Candidate for the House of Representatives | State: <u>OREGON</u> | Date of Election: <u>5/18/10</u> | Check if Amendment<br><input type="checkbox"/> |
|              | <input type="checkbox"/> New officer or employee                               | District: <u>1</u>   | Employing Office: _____          |  |

**A \$200 penalty shall be assessed against anybody who files more than 30 days late.**

In all sections, please type or print clearly in black ink.

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

|   |   |                             |   |   |  |
|---|---|-----------------------------|---|---|--|
| 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.   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior <u>two</u> years? If yes, complete and attach Schedule IV. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 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. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.   | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 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.   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | VI. Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If yes, complete and attach Schedule VI.                                | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS**

|   |                              |  |
|---|------------------------------|--|
| <b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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? (See Instructions, page 8.) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <b>EXEMPTION</b> —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 Standards of Official Conduct.           | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |













**SCHEDULE III – LIABILITIES**

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 furniture, or appliances; liabilities of a business in which you own an interest; 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.

| SP,<br>DC,<br>JT | Creditor   | Type of Liability   | Amount of Liability         |                             |                              |                               |                               |                                 |                                   |                                    |                                     |                           |  |
|------------------|--|---|-----------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|---------------------------------|-----------------------------------|------------------------------------|-------------------------------------|---------------------------|--|
|                  |  |   | B<br>\$10,001--<br>\$15,000 | C<br>\$15,001--<br>\$50,000 | D<br>\$50,001--<br>\$100,000 | E<br>\$100,001--<br>\$250,000 | F<br>\$250,001--<br>\$500,000 | G<br>\$500,001--<br>\$1,000,000 | H<br>\$1,000,001--<br>\$5,000,000 | I<br>\$5,000,001--<br>\$25,000,000 | J<br>\$25,000,001--<br>\$50,000,000 | K<br>Over<br>\$50,000,000 |  |
|                  | <i>Example:</i> First Bank of Wilmington, Delaware | Mortgage on 123 Main Street, Dover, Del.                    |                             |                             |                              | X                             |                               |                                 |                                   |                                    |                                     |                           |  |
| SP               | FAMILY PARTNERSHIP, 17%                            |   |                             |                             |                              |                               |                               |                                 |                                   |                                    |                                     |                           |  |
|                  | NATIONAL MORTGAGE                                  | MORTGAGE ON TIGARD ST, MERLO,<br>CLUSTER, COLUMBIA, SKYPORT |                             |                             |                              |                               |                               |                                 |                                   |                                    | X                                   |                           |  |
|                  | WELLS FARGO  | MORTGAGE ON TIGARD ST,<br>SKYPORT                           |                             |                             |                              |                               |                               |                                 |                                   | X                                  |                                     |                           |  |

**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 of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**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.

| Position     | Name of Organization                               |
|--------------|--|
| BOARD MEMBER | POSITIVE COACHING ALLIANCE NATIONAL ADVISORY BOARD |
|              |  |
|              |  |
|              |  |

Use additional sheets if more space is required.