	FORM B For use by candidates and new employees ne Telephone: 503.336.1233	LEGISLATIVE RESOURCE CENTER  2010 MAY 20 PM I2: 23  U.S. L. V. J. J. 2010  WOTTICE Use Only)
Filer Candidate for the State: OREGON Dat House of Representatives District: Elector or employee Employing Office:	e of Check if Amendment	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 TH	ESE 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?  Yes No If yes, complete and attach Schedule I.	IV. Did you hold any reportable positions on or be of filing in the current calendar year or in the price if yes, complete and attach Schedule IV.	
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 if yes, complete and attach Schedule II.	V. Did you have any reportable agreement or an with an outside entity?  If yes, complete and attach Schedule V.	rangement Yes No No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No If yes, complete and attach Schedule III.	VI. Did you receive compensation of more than a single source in the two prior years?  If yes, complete and attach Schedule VI.	\$5,000 from Yes No X
Each question in this part must be answered and the	e appropriate schedule attached for	each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION — ANSWER EACH C	F THESE QUESTIONS
<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on S need not be disclosed. Have you excluded from this report details of such a trust benease 8.)	tandards of Official Conduct and certain other "e efiting you, your spouse, or a dependent child? (	excepted trusts" (See Instructions, Yes No No
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" inco because they meet all three tests for exemption? Do not answer "yes" unless you have Conduct.	ome, transactions, or liabilities of a spouse or de e first consulted with the Committee on Standard	pendent child ds of Official Yes No X

# Name ROBERT Y. CORNILLES

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### SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

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.

	Source (include date of receipt for honoraria)	Type	Amo	unt
	Source (include date of receipt for Horiorana)	Туре	Current Year to Filing	Preceding Year
	XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450
xamples:	First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200
катірівъ.	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Honorarium	0	\$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA	NA
GAN	LE FACE, INC. TUALATIN, OR	SALARY	\$ 17,000	\$85,750
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	Asset and/or Income Source	1			Val	ue	of i	455	et			1		•	Тур	e	of i	inc	ome							A	m	วนท	at o	if li	псс	om	e						1
prie: prin "U pri Priorith	lentify (a) each asset held for investment or roduction of income with a fair market value acceeding \$1,000 at the end of the reporting ariod, and (b) any other asset or sources of come which generated more than \$200 in inearned" income during the year. For rental roperty or land, provide a complete address, rovide full names of stocks and mutual funds to not use ticker symbols). For all IRAs and ther retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you ave the power, even if not exercised, to select the specific investments), provide the value	of va m: mi If re or ind	repalua arki ethi an epor nly l	oorition et vod ass ting becone,	value ing a me value use set veg ye saus the	yea etho e, p d. vas ear a e it	er. If od o leas sol and ger	you there s d du is in	u us r tha peo uring notu	e a an fa ify t g th ded	air the e		retindo i ic ir For IRA by belo eve liste ass	remenot and all all all all all all all all all al	ent   allow tmer othe ndica cking Chiving f re	plar v yc nts, er a ate g tl ide inv cou	ns of your sset the ands resterne.	or a to che ts / app app app app app app app app app a	at apply. For accounts that all the control of the				all ma as go bo rei	ow y sets ry cox be nve	vou write , <i>in</i> of in elow este "N	to de "l clusicor do de cone	cho NA' din ne vivid sho	ose ' fo g a by den	spe or in the che ds d b	ecif nco <b>RAs</b> eckì and e l	fic in ome s, in ing d in liste	nve e. F ndic the nte	s thestmeter cate appropries appr	ents all the pro t, ev	s, y oth ca pria ven	/ou her ite- ate a if ne.			
	nd income information on each asset in the occur that exceeds the reporting threshold.	А	В	С	D	E F	G	Н	1	J	к								оте)				Cur	rer	ıt Y	'ea	r		$\Box$	 		Pı	rec	 edi	inc	ı Ye	ear		
	or retirement plans that are not self-directed, ame the institution holding the account and											Į							m the					-			<del>,</del>	_	_	_			_				_		$\dashv$
a	s value at the end of the reporting period. For n active business that is not publicly traded,																		or Farm Income)		11	111	IV	۷ ۱	/I VI	IIVII	IX	X	ΧI		#	111	IV	v   v	/I V	/II <b>V</b> II	ıı ıx	( X	ΧI
its	ate the name of the business, the nature of activities, and its geographic location in					1						1							come																				
	lock A. For additional information, see the struction booklet.										اه	1					L-		ship In			Ì																	
	xclude: Your personal residence(s) (unless here is rental income); any debt owed to you							8	8	-\$25,000,000	\$25,000,001 - \$50,000,000	1					EXCEPTED/BLIND TRUST		Other Type of Income Specity: For Example, Partnership Income		Ì						8	000									18	000	
	y your spouse, or by you or your spouse's nild, parent, or sibling; any deposits totalling		.	2	8	\$50,001 - \$100,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	22,000	520,00	8				100	S		Other Type of Income (Specity: For Example, Pe							8	\$100,001 - \$1,000,000	\$5,000,000	0					٤	3 5	3 8	200	\$1,000,001 - \$5,000,000	
a	5,000 or less in personal savings accounts; and any financial interest in or income derived		0	\$1,001 - \$15,000	\$50,000	- \$100,000	\$50	31,0	- 35	- 8	5	Over \$50,000,000	0	0		GAINS	D'BLI		of In			\$1,000	- \$2,500	200	\$15,001 - \$50,000	\$50,001 - \$100,000	\$1,0	- 1 - 8	Over \$5,000,000			8	\$2,500	- \$5,000	3,02	\$50,001 - \$100,000	-81.	- 6	Over \$5,000,000
ŧ	om U.S. Government retirement programs.  you so choose, you may indicate that an		- \$1,000	1-\$	5 5	5 8	8 8	100	0,00	0,0	0,00	\$50,0	֓֞֞֜֞֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	RENT	INTEREST	₹ (	PTE		r Type ity: For		\$200	18	1 - 8	F	1 5	5	9	\$1,000,001	\$5,0		\$1 - \$200	1 <del>44</del> 1	1 - 3		- 5	\$50,001 -	; e	00,00	\$5,0
as	sset or income source is that of your spouse BP) or dependent child (DC) or is jointly held		\$1 -	\$1,00	515,0	\$30,001	\$250.	\$500	\$1,00	\$5,000,001	\$25,0	je O		PENT I	NH	CAPITAL	EXCE		Other (Speci	1	\$1-	\$201 -	\$1,001	\$2,501	\$15.001	\$50,0	\$100	\$1,00	Şer	None	1	\$201	\$1,001	\$2,501	3 2	\$50,0	\$100	\$1,0	Over
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Continuation Sheet (if needed)

Name ROBERT Y. CORNILLES

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Continuation Sheet (if needed)

Name ROBBET Y. CORNILLES

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BLOCK C BLOCK D BLOCK B BLOCK A Type of Income Amount of Income Asset and/or Income Source Value of Asset ABCDEFGHI **Preceding Year Current Year** SP, \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 CAPITAL GAINS EXCEPTED/BLIND TRUST JT, \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Other Type of Income DC \$50,001 - \$100,000 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$15,001 - \$50,000 (Specify) \$201 - \$1,000 \$1,001 - \$2,500 \$5,001 - \$15,000 DIVIDENDS \$201 - \$1,000 INTEREST \$1 - \$200 \$1 - \$200 MICROSOPT CITIBANK asco HOME DEPOT PFIZER LEGG MAGON CLEARBR IG FIDUCIARY GPORTFOLIOI FAMILY PARTNERSHIP, 17%: TIGARD STREET LLC 2345 N. ROSS TIGARD, OR COLUMBIA/80 LLC 5913 NE 80TH PORTLAND OR MERLO STATION 9501 SWITHALATIN RD. PORTLAND CUSTER PROPERTY 1341 CUSTER RD. PORTLAND OR SKYPORT PROPERTIES LLC 5810 SKYPORT WAY, PORTLAND SCHWAB CASH RESERVES

Continuation Sheet (if needed)

Name ROBERT Y. CORNILLES

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	BLOCK A  Asset and/or Income Source			1	Va	BL:	oci of		set						Ty			oci	Come								۱m			CK I	D nc	om	e		21170000				
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JT, DC		None	\$1 - \$1,000	\$1,001 \$15,000	\$15,001 - \$50,000	\$50,001 \$100,000	\$100,001 - \$250,000	\$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	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income	(Specify)	None	\$1 - \$200		-		\$13,001 ~ \$50,000	ş	l <sub>e</sub>								\$15,001 \$50,000		\$100,000 \$1,000,000 >	}
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Continuation Sheet (if needed)

Name ROBERT Y. CIRNILUES

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	Asset and/or Income Source				Val	ue	of	As	se	t					7	уp	e (	of I	Inco	me	I	l						,	٩m	lou	nt	of	In	CO	me	ŧ						
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		None	\$1 - \$1,000	\$1,001 - \$1	\$15,001 - \$50,000	\$50,001 - \$100,000	\$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	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST		Other Type of Income	(Specify)	None	\$1-\$200	\$201 \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,	\$15,000 ~ \$50,000	\$30,001 = \$100,000 \$100,001 \$1,000,000	\$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000	Over 65,000,000	None so, cook	None	\$1 - \$200	\$201 - \$1,000	DOC-34 - 10014-	\$2,307 - \$3,000	G16 - 100,04	\$15,001 ~ \$50,000	000,001 - 100,008	000,000,1 & - 100,001 &	\$1,000,001 ~ \$5,000,000 Over \$5,000,000
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Name	ROBERT	Y.	CORNI	LLES
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#### 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.

						Am	ount (	of Liab	ollity			
SP, DC,	Creditor	Type of Liability	В	С	D	E	F	G	H	-1	<b>)</b>	<b>K</b> 00
JT			\$15,000	\$15,001	\$50,001	\$100,001-	\$250,001—	\$500,001-	\$1,000,001-	\$5,000,001	\$25,000,001-\$50,000,000	Over \$50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				Х						
SP	FAMILY PARTNERSHIP, 17%.											
	NATIONAL MORTGAGE	MORTGAGE ON TIGARD ST, MERLO, CUSTER, COLUMBIA, SKYPORT								X		
	WEUS PARGO	MORTBAGE ON TIGARD ST, 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