UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2010 - AUG. 15, 2011		FOR For use by candidates		SEP -	8 2 0 11	age 1 of <u>9</u>
Name: ROBERT Y CORNILLES	Daytin	ne Telephone: 50	13.922.2014	1.5.1	ffice Use Only)	ing Et List of
Filer Status Candidate for the House of Flepresentatives New officer or employee State: OREGON District:	Date Elec		Check if Amendment		olty shall be a individual of days late.	
In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EA	CH OF THE					
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.	X No		eportable positions on or le calendar year or in the price attach Schedule IV.		Yes X	No 🗌
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 if yes, complete and attach Schedule II.	X No □	V. Did you have any r with an outside entity? If yes, complete and		rangement	Yes	NoX
Iff. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes yes, complete and attach Schedule III.	X No	VI. Did you receive co a single source in the If yes, complete and		\$5,000 from	Yes	No X
Each question in this part must be answe	ered and the	appropriate sche	dule attached for	each "Yes" re	esponse.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TR	RUST INFO	RMATION — AI	NSWER EACH (OF THESE	QUESTIO	NS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the disclosed. Have you excluded from this report details of such a trust be				not be	Yes	NoX
EXEMPTION —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	, "unearned" inco	me, transactions, or liate first consulted with the	bilities of a spouse or de Committee on Ethics.	ependent child	Yes	NoX

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 **Current Year to Filing Preceding Year** Salary \$28,450 XYZ Corporation, Houston, TX \$6,300 \$3,200 Director's Fee First Bank & Trust, Houston, TX \$400 Examples: Honorarium \$1,000 XYZ Trade Association, Chicago, IL (Rec'd December 2) Harris County, Texas Public Schools Spouse Salary \$42,000 GAME FACE, INC., THALATIN, OR B48, 750 SALARY SPOUSE PARTNERSHIP N/A AU FAMILY LLC, 17% INCOME

BLOCK A BLOCK B BLOCK C BLOCK D Asset and/or Income Source Value of Asset Type of Income Amount of Income Indicate value of asset at close Check all columns that apply. For identify (a) each asset held for investment or production For retirement accounts that do not allow you of income with a fair market value exceeding \$1,000 at of reporting year. If you use a retirement accounts that do not to choose specific investments or that generthe end of the reporting period, and (b) any other allow you to choose specific valuation method other than fair reportable asset or sources of income which generated ate tax-deferred income (such as 401(k) plans investments or that generate taxmarket value, please specify the more than \$200 in "unearned" income during the year. or IRAs), you may check the "None" column. deferred income (such as 401(k) method used. plans or IRAs), you may check the For all other assets, indicate the category of Provide complete names of stocks and mutual funds (do not use ticker symbols). income by checking the appropriate box "None" column. Dividends, inter-If an asset was sold during the est, and capital gains, even if below. Dividends, interest, and capital For all IRAs and other retirement plans (such as 401(k) reporting year and is included reinvested, must be disclosed gains, even if reinvested, must be displans) that are self-directed (i.e., plans in which you only because it generated as income. Check "None" if the have the power, even if not exercised, to select the speclosed as income. Check "None" if no income, the value should be cific investments), provide the value for each asset held asset generated no income during income was earned or generated. in the account that exceeds the reporting thresholds. "None." the reporting period. For retirement accounts which are not self-directed provide only the name of the institution holding the account and its value at the end of the reporting period. ABCDEFGHI JK **Current Year Preceding Year** For rental or other real property held for investment provide a complete address. or Farm Income) 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 location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental (Specify: e.g., Partnership Income income during the reporting period); any deposits total-- \$25,000,000 \$1,000,001 - \$5,000,000 \$100,001 -- \$1,000,000 \$1,000,001 -- \$5,000,000 Over \$5,000,000 \$1,000,001 - \$5,000,000 ing \$5,000 or less in personal checking or savings \$500,001 - \$1,000,000 \$100,001 - \$1,000,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 accounts; and any financial interest in, or income None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 of Income CAPITAL GAINS EXCEPTED/BLIND T derived from, a federal retirement program, including \$50,001 -- \$100,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$1,001 – \$2,500 \$2,501 ~ \$5,000 \$5,001 – \$15,000 the Thrift Savings Plan. Over \$5,000,000 \$201 - \$1,000 If you so choose, you may indicate that an asset or \$25,000,001 DIVIDENDS income source is that of your spouse (SP) or depend-\$5,000,001 Other Type INTEREST \$15,001 -ent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. 1 For a detailed discussion of Schedule III requirements, 4 please refer to the instruction booklet. Х Χ X SP Mega Corp. Stock Indefinite Х Royalties DC, Examples: Simon & Schuster X Х X X 1st Bank of Paducah, KY accounts GAME FACE, INC. TUALATIN, OR S-CORP SCHEDULE INCOME SEE TRAINING, CONCULTING IT CHASE BANK ACCTS. EDWARD UNES BROKERAGE Χ MONEY MARKET THURNBURG INVT LEGG MASON VALUE TRUST PEARL MUTUAL FUND

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT Y. CORNILLES

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	BLOCK A Asset and/or income Source			 	Val	BL(of		set						Туј		LO(c com	e				**************************************				μ	m	-	sLoc			mc	e							
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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sneet (if needed)

Name ROBERT Y. CORNILLES

Page 5 of 9

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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT Y. CORNILLES

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT Y. CORNILLES Page 7 of 9

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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 (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.

							Am	ount c	of Liab	oility			
SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— B	\$50,001— C	\$100,001— \$250,000 U	\$250,001 TT \$500,000	\$500,001— \$1,000,000	\$1,000,000,00 \$5,000,000	\$5,000,001— \$25,000,000	\$25,000,001—	Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Х						
SP	MATIONAL MORTEAGE	4/98	MORTGAGE ON TIGARD ST, MERLO, CUSTER, COLUMBIA, SKYPORT								X		
ŚP	WELLS FARGO	4/07	MORTGAGE ON TIGARD ST, SKYPORT							X			
	US BANK	12/01	BUSINESS LOAN				X			,			
JT	us bank	10/08	LINE OF CREDIT	Х									
\$	OREGON STATE HOUSING	4/97	MORTGAGE ON HAZELWOOD BROW							Х			

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	<u>-</u>
BOARD OF	DIRECTURS	OREGON LEAGUE OF MINORITY VOTERS	
κ	11	VIRGINIA BARCIA MEMORIAL FOUNDATION	
k	ħ	SPECIAL DLYMPICS OF DREGON	
10	11	UAPAN-AMERICA SOCIETY OF OREGON, BUSINESS COMMITTEE	
l C	k	LIMPOLLA BANK REGIONAL DIVISION	

Name	ROBERT	Y. CORNILLES	S
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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 (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.

							Am	ount c	of Liab	ility			
SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000 >	\$15,001— B	\$100,000	\$100,001— \$250,000	\$250,001— m \$500,000	\$500,001— \$1,000,000	\$1,000,000,00 \$5,000,000	\$5,000,001— \$25,000,000 T	\$25,000,001	Over \$50,000,000 C
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Х						
SP	PDC	9/98	MORTENGE ON HAZELWOOD GROUP			X							
SP	US BANK, CAPITAL IMPROVEMTS.	8/07	HAZELWOOD GROUP		Х								
								Athania					

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 OF DIRECTORS	NATIONAL ADVISORY BOARD, POSITIVE COACHING ALLIANCE