



Filing ID #10035595

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Robert Marion Weber
Status: Congressional Candidate
State/District: OH09

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2020
Filing Date: 05/6/2020

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Benjamin F. Edwards [MF]		\$15,001 - \$50,000	Tax-Deferred		
DESCRIPTION: Asset is an IRA account.					
The Huntington National Bank [BA]		\$100,001 - \$250,000	Interest	\$201 - \$1,000	\$1 - \$200
DESCRIPTION: Asset is a Personal Checking Account and a Money Market Account.					
USAA Federal Savings Bank [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200
DESCRIPTION: Asset is a Personal Checking Account.					

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Kent B. Schneider, Co., LLC	1099 income		\$510,284.00
Gioffre & Schroeder Co., LPA	1099 income	\$20,000.00	\$136,714.38
Lorain Surgery Center, LLC	spouse salary	\$500.00	\$2,029.20

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Ag Credit	January 2012	Home Mortgage	\$50,001 - \$100,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Chairman, Board of Trustees	Goodwill of Lorain County, Inc.
Member, Board of Directors	National Alliance on Mental Illness (NAMI) of Lorain County

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

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 dependent child?

☐ Yes ☒ No

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?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Robert Marion Weber , 05/6/2020