Page 1 of 7

lent child?  Yes  lent child?  Yes  In the discussed, have you in the discussed, have you in the discussed of the discussed o	lent child?  lent	lent sulte	depend d" incom	excluded from this report details of such a trust benefiting you, your spouse, or dependent child?  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.
ISWER EACH OF THESE QUESTIONS	ISWER EACH OF TH	RMATION — AN	TINFOF	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
Each question in this part must be answered and the ppropriate schedule attached for each "Yes" response.		Each ques appropriate	N <sub>N</sub>	V. 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 V.
ny reportable agreement or arrangement with Yes V	ny reportable agreement or arrange nd attach Schedule IX.	IX. Did you have any an outside entity? If yes, complete and	8 <b></b> <	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
		VIII. Did you hold any of filing in the current if yes, complete and		III. 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 III.
	spouse, or a dependent child receive or reimbursements for travel in the refer than \$350 from one source)?	ļ <u> </u>	§   <u>S</u>	It. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
r spouse, or a dependent child receive any  the reporting period (i.e., aggregating more Yes not otherwise exempt)?		VI. Did you, your spore reportable gift in the than \$350 and not off if yes, complete and	8 □	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.
ONS	ONS	SE QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
Termination Date: against anyone who files more than 30 days late.	Termination Date:		прюуес	Report Annual (May 15, 2012)  Amendment
Office: A \$200 penalty shall be assessed		er or Employing Office	Officer or	1
U.S. H. J. J. L. J. L. J. (Office Use Prey)				
202)225-437 AUS 10 W 9: 49	2)225-4324 <sup>2</sup>	Daytime Telephone: (20	Daytime	Name: Steve Austria
34:37	· D * 121 - 141			
Form A  HAND  Pers, officers, and employees  DEI VERED		For use by Members,	MENT	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

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Page 2 of 7

# SCHEDULE I—EARNED INCOME

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.

<b>Exclude:</b> Military pay (such as National Guard or Reserve pay), tederal retirement programs, and benefits received under the Social Security Act.	nd benefits received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
EFA Solutions, LLC (Spouse)	Spouse Salary (Consulting)	NA

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# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

								Examples: XYZ Magazine	Association of American Associations, Washington, DC	Source
								Article	Speech	Activity
	9.2							Aug. 13, 2011	Feb. 2, 2011	Date
								\$500	\$2.000	Amount

	3		7		5	5	DC,	SP,	F ಲ ಕರ್ಷ ಜನೆಜನ್ನರ <b>್</b> ಕ್ಕರ್ಸ್ ಕ್ಸ್ ಕರ	28355 7 3 7 3 6 5 9 G
Fund	Columbia Movey Market	Quantitative Fund	Columbia Large Core	Account (P+6 Stock)	Ameria rise Brokery e	1st Bank of Paducah, KY Accounts	Examples:	SP Mega Corp. Stock	walue at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  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 income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	SCHEDULE III—ASSETS AND "UNEARNED" INCOME  BLOCK A  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) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only
									None >	ye gee
<u>L</u> _						L	悥		\$1 – \$1,000	"UNEA Indicate value in the indicate value
	×		×		×	L	Indefinite		\$1,001 – \$15,000	ting of a special same and and a area area area."
<u> </u>						L	ਰੋ		\$15,001 – \$50,000	Value year. other to becify the was a is incored in the control of
<u> </u>			ļ	<u></u>	<u> </u>	_	_	×	\$50,001 - \$100,000 m	BLOCK B  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."
<u>_</u>	<u> </u>				ļ	×	_	-	\$100,001 - \$250,000	ED" INCO BLOCK B LOCK B of asset at If you use a than fair mark the method us sold during the cluded only b me, the value
<u> </u>	-		<u> </u>		1	1	-		\$250,001 – \$500,000 ග	X B XX B Associated associated the control of the c
	<del>                                     </del>				-	┡	<u> </u>	-	\$500,001 - \$1,000,000	Allow Mallow
<b> </b>	<del> </del>	 	<b> </b>		<u> </u>	╀	-	-	\$1,000,001 - \$5,000,000	t Q at a variation as variation
	-				<del> </del>	-	_	-	\$5,000,001 - \$25,000,000	close valuat vet valuat report report should
<u> </u>	ļ			<del> </del> -	├	-	-	-	\$25,000,001 ~ \$50,000,000	e of ation alue, rring se it does
<b></b> _	<u> </u>					╀	-		Over \$50,000,000	0 = 0 1, 2 2
	-			ļ	-	ļ	-		NONE	reting that ing
<b>}</b>	<b> </b> -		×	<u> </u>	×	L	-	×	DIVIDENDS	BLOCK C  Type of Incc  Check all columns that retirement accounts that you to choose specific in that generate tax-defe (such as 401(k) plans or may check the "Tax-Defe Dividends, interest, gains, even if reinvest disclosed as income. Of the asset generated not ing the reporting period.
<u> </u>	-		<u> </u>	ļ		×	<u> </u>	-	RENT	Ty all all all eck!
<u> </u>	×	<del></del>	-	<b></b>		┡	<u> </u>		INTEREST	B B S in it
<u> </u>			X		×	Ͱ	├	×	CAPITAL GAINS	BLOCK C  BLOCK C  BLOCK C  BLOCK C  Se of Inco  counts that counts that counts that ce specific in e specific in the "Tax-Defe interest,
<u> </u>	-				-	╀	_		EXCEPTED/BLIND TRUST	The state of the s
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C  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.
									None -	
	X	W	メ	H	×				\$1 - \$200 =	BLOCK D  Amount of Income 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.
<u></u>	<u> </u>		ļ	<u> </u>		L			\$201 - \$1,000	sets sets sets sets sets sets sets sets
<u></u>		<u></u>			ļ		<u> </u>	×	\$1,001 - \$2,500 <	BLOCK D  BLOCK D  Amount of Income ats for which you checke I' in Block C, you may che column. For all other asse category of income by coropriate box below. Divi and capital gains, to thed, must be disclost Check "None" if no incomer generated.
				<u> </u>	<u> </u>	L	<u> </u>		\$2,501 - \$5,000 <	BLC Which has been been been been been been been bee
<u> </u>	<u> </u>			<u> </u>	<u> </u>	×	<u> </u>		\$5,001 − \$15,000 ≤	BLOCK D  BLOCK D  Int of In  which you  ck C, you  For all oth  roy of incor  box belt  capital g  two box belt  capital g  "None" if  rrated.
<u></u>	1		<u> </u>	<u> </u>	1	L	<u> </u>		\$15,001 - \$50,000 \( \leq \) \( \) \	The same shows a series of the
<u> </u>						₽	<u> </u>	<u>                                     </u>	\$50,001 - \$100,000 <u>\( \) \( \)</u>	om hed hay con lay con
<b> </b>	<del> </del>			<del>  -</del>	-	<b>!</b>	×	$\downarrow \downarrow$	\$100,001 - \$1,000,000	Income Income ou checked "Tabu may check to other assets, income by checkinglow. Dividend gains, even disclosed affino income wifino income with the come with the come of the
<u> </u>			<u> </u>	<u> </u>	₩	<b> </b>	_	$\vdash \downarrow$	\$1,000,001 - \$5,000,000 ×	ncome u checked "Tax- u may check the her assets, indi- me by checking low. Dividends, gains, even if disclosed as f no income was
<b> </b>					-	₽			Over \$5,000,000 ≚	<del></del>
			<u> </u>					S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	Page 3 of 7  BLOCK E  Transaction Indicate if the purchases ndi- (P), sales (S), king or exchanges (E) exceeding \$1,000 in as reporting year.

For additional assets and unearned income, use next page.

This page may be copied if more space is required.

Continuation Sheet (if needed)		
Asset and/or Income Source	BLOCK B Year-End Type Value of Asset of Inco	C BLOCK D BLOCK E  Amount of Income Transaction
SP	ABCDEFGHIJKL	
D,	000000000000000000000000000000000000000	e or
<u> </u>	\$15,000 \$50,000 \$100,000 \$250,00 \$250,00 \$1,000,01 \$5,00 \$1 - \$5,00 \$01 - \$50,00 \$000,000 \$1 - \$25,00 \$1 - \$25,	e of Income a.g., ip Income ome) 000 2,500 5,000 15,000 \$50,000 \$100,000 1 - \$5,000,00
	None \$1 - \$1,00 \$1,001 - \$ \$15,001 - \$ \$50,001 - \$ \$100,001 \$250,001 \$500,001 \$1,000,00 \$5,000,00 Quer \$50,000,00 NONE DIVIDENT RENT INTERES CAPITAL EXCEPTE	TAX-DEFI Other Typ (Specify:  Partnersh Farm Inco  None \$1 - \$200 \$201 - \$1,001 - \$ \$2,501 - \$ \$5,001 - \$ \$100,001 - \$ \$1,000,001 Over \$5,00
7 Fifth-Third Bank		×
Nation	X	×
biblic Emplo	×	<b>X</b>
nead Sy		
( Defence Bounds / Man)		
SP Riverside Life	X	×
(Whole Life Policy)		X
Riverside Life	×	
(Whole Life Policy)		

# SCHEDULE IV— TRANSACTIONS

Name

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SP, DC, JT Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. resulted in a capital loss. Provide a brief description of any exchange trans-action. Exclude transactions between you, your spouse or dependent chil-SP Example: Mega Corporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Type SALE × **EXCHANGE** Check Box if Capital Gain Exceeded \$200 Quarterly, Monthly, or Bi-weekly, if (MO/DAY/YR) applicable 10-12-11 Date \$1,001-➤ \$15,000 \$15,001w × \$50,000 \$50,001n Amount of Transaction \$100,000 \$100,001-0 \$250,000 \$250,001-Ш \$500,000 \$500,001π \$1,000,000 \$1,000,001 Ω \$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000

#### SCHEDULE V— LIABILITIES

Name Steve Austria

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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 year. Exclude: Any mortgage on your personal residence (unless it is rented out); 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 preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgages on personal residences.

	Tr.	77		SP, DC,	
	American Express	Huntington National Bank Aug 1990	Example: First Bank of Wilmington, DE	Creditor	
	dec. 2011	Aug /990	May 1998	Liability Incurred Mo/Year	Date
	(Callege Tuition)	Mortgage on Beauticies,	Mortgage on 123 Main St., Dover, DE	Type of Liability	
	×			\$10,001- \$15,000	
				\$15,001- \$50,000	
<u> </u>				\$50,001- \$100,000	
		<b>×</b>	×	\$100,001- \$250,000 \$250,001-	Amou
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	1 1		-	\$25,000,000	' I
		+-	-	\$25,000,000 \$25,000,001- \$50,000,000	

#### SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Τ	 		1.	Ţ	_
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
	:		\$375	Value	

Name
Store
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Page 6 of

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

spouse or dependent child that is totally independent of his or her relationship to you Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

		] ] ]	) )			 		ļ	Asp		Examples:	-
									Aspen Institute	Roycroft Corporation	Chicago Chamber of Commerce	Source
						i			April 25-30	Aug. 6–11	Mar. 2	Date(s)
								1	DC- Austin -DC	DC—Los Angeles—Cleveland	DC—Chicago—DC	City of Departure—Destination— City of Return
						,			Y	Υ	z	Lodging? (Y/N)
-				_					Y	Y	Z	Food? (Y/N)
									4	Υ	Z	Was a Family Member Included? (Y/N)
									Nonc	2 Days	None	Number of days not at sponsor's expense

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Name Steve Austria

Page 7 of 7

tions); 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 political parties and campaign organiza-

			Position
			Name of Organization

### **SCHEDULE IX—AGREEMENTS**

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

		1999- frescot	Date
		of Ohio	Parties To
		Retirement Dkn (PERS)	Terms of Agreement