Yes No X	child because	nsactions, or liabilities of a spouse or dependent with the Committee on Ethics.	" income, trans rst consulted v	<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 Ethics.
Yes No X	sclosed. Have you	nd certain other "excepted trusts" need not be dis	on Ethics and dependent chi	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?
UESTIONS	)F THESE Q	MATION — ANSWER <u>EACH</u> OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the "Yes" response.	must be ans	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	Š	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.
Yes No X	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.  "NONE"	8 ≽	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.
Yes X No	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	<u>s</u>	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.
Yes No X	d receive any in the reporting e)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?  If yes, complete and attach Schedule VII. "NONE"	No X	II. 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. "NONE"
Yes No X	receive any pregating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI. "NONE"	S S	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.
		SE QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
30 days late.	30 days late.	X Termination 1/4/2013		Report X Annual (May 15, 2012) Amendment
A \$200 penalty shall be assessed	A \$200 pena	or Employing Office:	Officer or Employee	Filer X Member of the U.S. State: PA Status House of Representatives District: 12TH
(Office Use Only)	OF KEPKESEN	U.S. HOUSI		
15	2013 FBB -1 PM 2: 15	Davtime Telephone:	Davtime 1	Name: MARK S CRITZ
ENTER	LEGISLAT VE RESOURCE CENTER	LEGISLAT		
2013	JAN 2 9 2013	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR FINANCIAL DISCLOSURE STATEMENT

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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.

SCHEDULE I—EARNED INCOME

							GREATER JOHNSTOWN SCHOOL DISTRICT	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)	State of Maryland	Keene State	Source	
							SPOUSE SALARY	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре	
							\$68,911	NA A	\$1,000	\$9,000	\$6,000	Amount	

SP	SP	SP	SP	JŢ	ΤĽ	J	DC,	SP.	For	vale Male	Pro not plan the inve	rep the			SC
METLIFE	METLIFE P	JOHNSTOWN EMPLOYEES	JOHNSTOWN EMPLOYEES	FEDERAL PLAN	CHECKING, BANK		Examples:	SP	value at the end of the reporting value at the end of the real propert vide a complete address.  For an ownership interest in that is not publicly traded, staness, the nature of its activities tion in Block A.  Exclude: Your personal resistance during the reporting planes accounts; and any financial interform, a federal retirement pro Savings Plan.  If you so choose, you may income source is that of your sechild (DC), or is jointly held with optional column on the far left.  For a detailed discussion of Spiease refer to the instruction t	nt accounts w name of the ue at the end	Provide complete name not use ticker symbols.) For all IRAs and other plans) that are self-directine power, even if not investments), provide the account that exceeds the	ntify (a) each income with a end of the ortable asset re than \$200 in	Asset a		SCHEDULE III-
E STOCK	PA		TES CU	AL THRIFT SAVINGS	NG, FIRST NATIONAL	1st Bank of Paducah, KY Accounts		P Mega Corp. Stock	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 ( <i>unless</i> 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.	ment 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.	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 retire-	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.	Asset and/or Income Source	BLOCK A	LE III—ASSETS AND "UNEARNED" INCOME
									None >	Α	ge Ye				<b>]</b> "(
				<u> </u>		L	ā		\$1 – \$1,000	D	If an as: year ar generat "None."	Indicate reporting method please s			Z
X	×	<b>Þ</b> \$	×	ļ			Indefinite		\$1,001 - \$15,000	כ	usse and ateo	e sp		-	Ę/
			ļ	<u> </u>	×	L	वं		\$15,001 – \$50,000	<b>ס</b>	d in	value year. other t	<		R
			<u> </u>	<u> </u>	ļ	L		×	\$50,001 - \$100,000	п	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."		Value of Asset		Z
			ļ <u>.</u>	<u>×</u>	<u> </u>	Ľ			\$100,001 - \$250,000	η	old l lude	of asset at If you use a than fair mark	e	BLOCK B	Ö
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			ļ	<u> </u>		L	ļ		\$500,001 - \$1,000,000	I	ng t only valu	et od	SSE	۳	$\delta$
		ļ		↓		L	_		\$1,000,001 - \$5,000,000		the be	at ark	*		0
			L	<b>↓</b>		Ļ	<u> </u>	_	\$5,000,001 <b>-</b> \$25,000,000	<u>.                                    </u>	repo hou	close valuat ket vali ed.			
				<del></del>		L	<u> </u>	ļ	\$25,000,001 - \$50,000,000		ortir Ise Ild t	e iatic			٠
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X				<u> </u>	<u> </u>	L		×	DIVIDENDS		may check the "lax-bene may check the "lax-bene may check the "lax-bene may check, interest, gains, even if reinvest as income. If the asset generated number of the reporting period.	Check all columns the retirement accounts the retirement accounts the you to choose specific that generate tax-defined as 401(k) plans (such as 401(k) pla			
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				<u> </u>		L		×	CAPITAL GAINS		interest, if reinve. if sincome. s income. generated thing period	all columns ent accounts ent accounts choose specifichose tax-enerate tax-enerate 401(k) pla	Type of Income	BLOCK	
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		<u> </u>		<u> </u>	ļ <u>.</u>	L	<u> </u>		TAX-DEFERRED		an sted Ch	nat dat d	Š	ဂ	2
							Royalties	•••••	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		may check the "lax-belerred 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.	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	ă		Name
	×	<u> </u>	İ	×	×	T	1		None -	-	e j i i j	\$ & ± \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
×		×	×						\$1 - \$200 =	=	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indi- cate the category of income by checking the appropriate box below. <b>Dividends</b> ,			
									\$201 - \$1,000	■	st, le. C	prop ed i	▶		
								×	\$1,001 - \$2,500	<	and d, r hec genr	in Bi umn atego	Amount of Income		
									\$2,501 – \$5,000 <	<	nus hus Frate	whi		삗	
						×				≤	capital nust be k "None" rated.	A A I S S S S S S S S S S S S S S S S S	<u>o</u>	BLOCK D	
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			<u></u>						\$50,001 <b>-</b> \$100,000 <b>\leq</b>		o ins	chex nay nay ras e by v. <b>D</b>	ŏ		
	ļ		<u> </u>	<u> </u>			×		\$100,001 - \$1,000,000	×	gains, even disclosed a fino income water	ked cher sets che	ĕ		
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								S (partial)	an asset is sold, please indicate as follows: (\$) (partial) See below for example.  P, S, E	If only a portion of	\$1,000 in reporting year.	asset had purchases (P), sales (S), or exchanges (E) exceeding	Transaction	BLOCK E	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

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	S	Continuation Sheet (if needed)																			_												9	9	
Asset and/of Income   Source	$\exists$									' <b> </b>		1			┨						:   <sub> </sub>	П		Ш	Ш	Ш			' <b> </b>	Ш	11			┩╿	
Value   Valu		Asset and/or Income Source					≺	ea l	m i	ᇗ									. 9	₹ 8	ŏ				Ŧ	٥	⇉┆	으 :	ੜ੍ਹਾ	Š	<u>a</u>			_	Transaction
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PA 529 COLLEGE SAVINGS PLAN			None	\$1 – \$	\$1,00	\$15,0																	(Spec	None	\$1 - \$	\$201 -	\$1,00	\$2,50	\$5,00	\$15,00				Over \$	
PA 529 COLLEGE SAVINGS PLAN	DC	529 COLLEGE SAVINGS				×			T						54									×									$\vdash \vdash$	$\vdash \dashv$	
PA TEACHERS SAVINGS PLAN  SAVINGS, FIRST NATL. BANK  X  SAVINGS, FIRST NATL. BANK  X  UNCASHED SAVINGS BONDS  X  UNCASHED SAVINGS BONDS  X  UNCASHED SAVINGS BONDS  X  UNCASHED SAVINGS BONDS  X  X  X  X  X  X  X  X  X  X  X  X  X	L - I	529 COLLEGE SAVINGS				×					-				bd									X								ļ i	<u> </u>		
SAVINGS, FIRST NATL. BANK         X <td></td> <td>TEACHERS SAVINGS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>×</td> <td></td> <td>×</td> <td></td>		TEACHERS SAVINGS						×																×											
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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 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 mortgages on personal residences

	-
JT	SP, DC,
Example: AMERIS	
Example: First Bank of Wilmington, DE  AMERISERV FINL	Creditor
May 1998 10/2009	Date Liability Incurred Mo/Year
Mortgage on 123 Main St., Dover, DE MORTGAGE ON 201 FREDERICK STREET JOHNSTOWN PA	Type of Liability
\$10,00 \$15,00	01- 00 <b>&gt;</b>
\$15,00 \$50,00	00 0
\$50,00 \$100,0	000
× \$100,0 \$250,0 \$250,0	000 D M
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\$25,0	00,000 — 00,001- 00,000
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## SCHEDULE VI— GIFTS

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 relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. 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.

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

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
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or were paid by you and reimbursed 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 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

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Y	<b>Y</b>	Υ	2 Days
NONE						
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organization, or any educational or other institution other than the United States proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

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-

			و		
1			TREASURER	Position	
			(NON PROFIT - UNCOMPENSATED)	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

Date				
Parties To				
Terms of Agreement				
	:			