ĕ ×	Yes	child because	sactions, or liabilities of a spouse or dependent child because vith the Committee on Ethics.	" income, trans	sets, "unearnedess you have fi	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Eth
₹	Yes X	closed. Have you	l certain other "excepted trusts" need not be disclosed. Have you	on Ethics and dependent chil	the Committee our spouse, or	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
No X	Sex			blic Offering?	t of an Initial Pu	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
S	QUESTIONS	EACH OF THESE QU	— ANSWER	TINFOR	OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT,
the onse.	wered and Yes" respo	must be ansy ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	Yes X	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.
<u>s</u>	Yes X	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	Yes 🗌	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.
<u>\$</u>	Yes	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.	N _o	yes X	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	receive any n the reporting	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.	× 8	Yes	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.
No	Yes	receive any regating 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.	№	YesX	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.
			E QUESTIONS	OF THESE	EACH	PRELIMINARY INFORMATION — ANSWER
		30 days late.	Termination Date:		Amendment	Report X Annual (May 15, 2013)
assessed	ty shall be a	A \$200 penalty shall be assessed	Employing Office:	a Officer or Employee	Carolina h	Filer X Member of the U.S. State: North Status House of Representatives District: 9th
أويادا فالمدادة	(Office Use Only)	M (Office				
			Daytime Telephone:	Daytime T		Name: Robert Miller Pittenger
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	1 2 2013 see 1012 2 1	AUD 12	Form A For use by Members, officers, and employees	MENT	ATIVES JRE STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE ST
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Name		
Robert		
Miller		
Pittenger		

Page 2 _ of 11

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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
ole (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Robert Pittenger Company, Inc.	Salary & Bonus	\$3,681,218
	Spouse Salary	N/A

	,			-						-						
Inc., defined benefit p	Robert Pittenger Compan	Wells Fargo	Legislative Ret Nort	real estate investments	Robert Pittenger Compan		Examples:	SP SP Mega Corp. Stock	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.	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.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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
plan (terminated -2012)	X	X	n Carolina	s Charlotte, NC	y, Inc.	×	\rightarrow	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*	A B C C C C C C C C C C C C C C C C C C		* This column is for assets held solely by your spouse or dependent child.	and is included only because it generated income, the value should be "None."	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.	Value of Asset	BLOCK B
	Retirem	×	X Reti	Income	S Corp	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm In	come)	isporing period.	vested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	HAS), you may check me hax- Deferred column. Dividends, inter- est, and capital gains, even if rein-	DE CONTRACTOR	Type of Income	BLOCK C
	x	×	rement X		X	×		X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		dependent child	_		For assets for which you checked "lax- 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 ,	. >	BLOCK D
								S (partial)	(S) (partial) See below for example. P, S, E	an asset is sold, please indicate as	If only a		\$1,000 in reporting year.	asset had purchases (P), sales (S), or exchanges (E) exceeding	Transaction Indicate if the	BLOCKE

Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Robert Miller Pittenger

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				easant-Monro	Little River-Highway	Excepted Trust-Information	Cy.N. Bahakel Family	Obligations 1		401-K plan	American Radio and Tel	stock		PNC Bank checking	First Trust Bank check		BLOCK A Asset and/or Income Source
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				LLC X	TTC X		×				×		×	N/A		(Specify: e.g., Partnership Income or Farm Income) None — \$1 - \$200 =	
																\$201 - \$1,000 \(\equiv \)\$1,001 - \$2,500 \(\equiv \)\$2,501 - \$5,000 \(\equiv \)\$5,001 - \$15,000 \(\equiv \)\$5,001 - \$15,000 \(\equiv \)\$5	BLOCK D Amount of Income
																\$15,001 - \$50,000	D ncome
																Spouse/DC Income over \$1,000,000° ≚ If yo _70	BLOCK E Transaction

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Prior year reported in Robert Pittenger Company, Inc. total		Gaston County, NC	Highway 321 Forbes Road, LLC	Gaston County, NC	High Shoels - Highway 321, LLC	Cabarrus County, NC	Bethel Church Road, LLC	Lincoln County, NC	Beth Haven Church Road - NC 16 Bypass, LL	Gaston County, NC	Beimont #3 – US 321/74 Bypass, LLC	Gaston County, NC	Belmont #2 - US 321/74 Bypass, LLC	Gaston County, NC	Belmont #1 US 321/74 Bypass, LLC	Cabarrus County, NC	Albemarle Road, LLC	Cabarrus County, NC	Albemarle Road - Howell Road, LLC			Asset and/or income Source	BLOCK A	Continuation Sheet (if needed)
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Cabarrus County, NC	Mount Pleasant - Highway 200, LLC	Union County, NC	Monroe - Independence, LLC	Cabarrus County, NC	Lower Rocky River-Morrison Road, LLC	Cabarrus County, NC	Lower Rocky River Road, LLC	Cabarrus County, NC	Locust - Highway 200, LLC	Horry County, SC	Little River-Highway 57 and Highway 111 LLC	Horry County, SC	Little River-Hwy 50, LLC	Lincoln County, NC	Lincoln County - Orchard Road, LLC	Lincoln County, NC	Kidville Road - NC 16 Bypass LLC	Cabarrus County, NC	Highway 49 - St. Stephens Church Road, LLC		Asset and/or Income Source	BLOCK A	Continuation Sheet (if needed)
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### SCHEDULE V— LIABILITIES

Name Robert Miller Pittenger

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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. *This column is for liabilities held solely by your spouse or dependent child. 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. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

		7				Ą	Amount of Liability	of Lla	bility			
n C S	Creditor	Liability Incurred Mo/Year	Type of Liability	01-	001-	001-	,000 m	00,000	00,001- 00,000 ක 00,001	00,000 -	000,000	C Liability
9				\$10,0 \$15,0 \$15,0	\$50,0 \$50,0 \$100.	\$100, \$250,	\$250, \$500,		\$5,00	\$25,0 \$25,0	Over	Spouse/D Over \$1,0
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE			×						
	Robert Pittenger Co, Inc.	8/08	Note Payable					×	•			
<del></del>	George Moretz-Hickory,NC 3/18/09	/18/09	Note Payable				×		:			
	Regions Bank-Mtg on personal	al							_			
	residence-Charlotte, NC	8/8/08	Mortgage							×		
	Regions Bank-Mtg on vacation	OTT.						_				
	home-Kiawah Island, SC	9/6/07	Mortgage						×			
	Regions Bank-Mtg on vacant	8/22/07	Mortgage					i	×			

#### **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 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.

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

Source  Example: Mr. Joseph H. Smith, Anytown, Anystate	Description Silver Platter (determination on personal friendship received from Committee on Ethics)

### SCHEDULE VIII—POSITIONS

Name Robert Miller Pittenger

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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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Chairman & CEO *	Robert Pittenger Company, Inc.
Managing Member	RPC, LLC (Single Member LLC Holding Real Estate Carried Interests)
55 55 55 55 51	
	* Resigned positions in 2013

## 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