		Ш		<		<u>.</u>				=		-	ש					0 0
Exemptions	Trusts	EXCLUSION OF SPOUSE,	If yes, complete and attach Schedule V	Did you, your spouse, or a dependent child have any reportable liability (more	period? If yes, complete and attach Schedule IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.		If yes, complete and attach Schedule 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 I.	Did you or your spouse have "samed" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	PRELIMINARY INFORMATION	Report Type	Filer Status			UNITED STATES HOUSE CALENDAR YEAR 2008 FINANCIAL
	Details trusts'' child?	N OF S	plete and at	spouse, or	plete and a	set in a trans	,000 at the er plete and at	on the rep	plete and at	idual or orga ech, appeara	plete and at	ur spouse ha	ARY INF	Anr	Men Hou			STATE YEAR 20
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 Standards of Official Conduct.	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?	POUSE	tach Sched	dependent	tach Schee	dependent ch	id of the peri	dependent orting period	tach Sched	nization mak nce, or articl	tach Sched	ave "earned" In the reporti	ORMA	Annual (May 15)	Member of the U.S. House of Representatives		7 2	S HOU
uded from neet all thr Official Cor	ing "Qualif ot be discl	, DEPEI	tule V.	child have ar	dule IV.	ild purchase ding \$1,000	od?	child receive or hold any	ule II.	e a donation e in the repo	Jule I.	income (e.g. ng period?		15)	e U.S. resentati	(Full	Robert Joseph Wittman	
this report ee tests fo	ied Blind 1 osed. Hav	DEPENDENT,		ıy reportable		, sell, or exc during the r		"unearned" reportable a		to charity ir rting period		, salaries or	ANSWI	☐ Ame		(Full Name)	eph Wittn	OF REPRE
any other	rusts" app	OR.		liability (mo		change any sporting		income of sset worth		ı lieu of payi ?		fees) of \$20	ANSWER EACH	Amendment	State: VA District: 01		nan	REPRESENTATIVES
assets, "u on? Do no	aroved by uded from	RUST II	Tes S	4	ſ	Yes		Yes <		ng Yes [Yes 🗸						STATEMENT
nearned" t answer "	the Commi	TRUST INFORMATION	No.	•		- ₹ \]	~ & 		~ ₹		No	OF THESE QUESTIONS	Termination			 	VES
yes" unle	ittee on Si t details c	ATION	SC II	1	.=	X en Di	.	VIII. cu	J.5.	<u>≤</u> 5	5	VI, the	QUES:	ation	Officer Or Employee			- Fi
ansaction ss you hav	andards of such a ti	ANS	hedule		es, comp	Did you have a entity?	es, comp	Did you hold any repor current calendar year?	es, comp	Did you, your spouse, reimbursements for tr from one source)?	es, comp	Did you, your spouse, the reporting period (i. exempt)?	SNOI	Termination	ee O			use by Men
s, or liabili /e first cor	of Official Crust benefi	ANSWER EACH OF THESE QUESTIONS	schedule attached for each "Yes" response.		If yes, complete and attach Schedule IX	Did you have any reportable agreement or arrangement with an outside entity?	If yes, complete and attach Schedule 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 VII.						Emplo			FORM A For use by Members, officers, and employees
abilities of a spouse or dependent consulted with the Committee on	ial Conduct and certain other "excepted nefiting you, your spouse, or dependent	ACH C	for each		tach Sche	ie agreemer	tach Sche	e positions	tach Sche	or a dependent child receive any reportable travel or avel in the reporting period (worth more than \$335	tach Sche	or a dependent child receive any reportable gift in e., aggregating more than \$335 and not otherwise		Date:	ploying Office:	(Daytime	20222	, officers
pouse or o	nd certain our spous	FIE	n"Yes" ı		dule IX.	it or arrange	dule VIII.	on or befor	dule VII.	child receiv	dule VI.	child receiv more than \$, ĕ	(Daytime Telephone)	2022254261	, and em
ependent mittee on	other "exc	SE QU	espons			ment with a		the date of		e any report (worth more		e any report 335 and not			:.5, hoù			employees
child	epted	ESTIO	e.			an outside		tiling in th		than \$335		able gift in t otherwise		more late.	be anyc		J. 18	
Yes	Yes	NS) de 400))]		Yes		Yes		or Yes		Yes		more than 30 days late.	be assessed against anyone who files	(Office Use Only)	Y 15 PM 5: 40	8
No <	8		opriac) !	:	□ Z		√ No	!	S	1	No		0 days	Maystana again files	e Only)	CHIES CHIES	

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SCHEDULE I - EARNED INCOME

Name Robert Joseph Wittman

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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) totaling \$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.

Source	Туре	Amount
Virginia State Board of Health	Unused sick and annual leave	\$14,939.96
Westmoreland County Public Schools	Spowe Salary	

-							
J	SP				SP	If you so choo that of your si in the optiona	ldentify (a) ea a fair market and (b) any ot than \$200 in "land, provide mutual funds retirement plain which you investments), in the accoun plans that are and its value that is not pulits activities, information, sexclude: You debt owed to parent or sibil savings accounds.
Peoples Bank Account, Montross, VA	National Western Life	Great Western Deferred Comp Long Term Growth	Bank of Lancaster Stock	Ariel Appreciation Fund	American Funds	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 (JT), in the optional column on the far left.	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 assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full 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 and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.
\$15,001 - \$50,000	\$15,001 - \$50,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	,	Year-End 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 and is included only because it is generated income, the value should be "None."
INTEREST	CAPITAL GAINS	CAPITAL GAINS	DIVIDENDS	CAPITAL GAINS	CAPITAL GAINS		Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.
\$1 - \$200	\$201 - \$1,000	\$1 - \$200	\$201 - \$1,000	NONE	\$201 - \$1,000		Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
							Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Robert Joseph Wittman	seph Wittman		Page 4 of 7
S&P 500 Index	\$1,001 - \$15,000	\$1,001 - \$15,000 CAPITAL GAINS NONE	NONE	
Thrift Savings Plan	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
VanGuard US Growth	\$1,001 - \$15,000	\$1,001 - \$15,000 CAPITAL GAINS	NONE	

SCHEDULE V - LIABILITIES	Name Robert Joseph Wittman	Page 5 of 7
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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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.	g the reporting period by you, your spouse, or dependent child. Mark the highest sidence (unless all or part of it is rented out); loans secured by automobiles, househit, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit	ild. Mark the highest by automobiles, household se accounts" (i.e., credit

	SP, DC,
Virginia Credit Union	Creditor
Unsecured Credit Line	Type of Liability
\$10,001 - \$15,000	Amount of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert Joseph Wittman

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spouse or dependent child that is totally independent of his or her relationship to you. sponsor. 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 amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 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

1/2 Day	Z.	≺	≺	Richmond-Naples	Dec. 1-2	American Shipbuilding
expense	(Y/N)	(Y/N)	(Y/N)	DestinationPoint of Return	Date(s)	Source
sponsor's	g? Food? Member Included?	Food?	Lodging?	Point of Departure		
Days not at	Was a Family					

SCHEDULE VIII - POSITIONS

Name Robert Joseph Wittman

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representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any leducational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Bay Banks of Virginia (uncompensated)