STEVE AUSTRIA

7TH DISTRICT, OHIO

WASHINGTON OFFICE

439 Cannon House Office Building Washington, DC 20515

(202) 225-4324



CONGRESS OF THE UNITED STATES

HOUSE OF REPRESENTATIVES

July 21, 2011

The Honorable Karen Haas Clerk of the U.S. House of Representatives U.S. Capitol, Room H154 Washington, DC 20515-6601

Dear Ms. Haas,

MC

COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON COMMERCE.

JUSTICE, SCIENCE, AND RELATED AGENCIES
SUBCOMMITTEE ON MILITARY CONSTRUCTION.

VETERANS AFFAIRS, AND RELATED AGENCIES

SUBCOMMITTEE ON STATE, FOREIGN OPERATIONS, AND RELATED PROGRAMS

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MAL

This is in response to the letter I received from the Ethics Committee seeking clarification on certain items listed on schedule III of my 2010 Finance Disclosure (FD) report. To ensure complete accuracy and transparency, I am providing you a detailed response to those questions and an explanation of any changes to the amended report.

The 2010 FD report listed two mutual fund investment accounts, Columbia Large Core Quantitative Fund and Columbia Money Market Fund. Both of these accounts were previously listed on my 2009 FD report as RVS Large Cap Equity Fund and RVS Cash Management. These are the same accounts which simply changed names during 2010. Therefore, my amended report clarifies these name changes. As noted on my 2010 FD report, there were no transactions with either account.

In reviewing my 2009 and 2010 FDs, I also discovered that my 2009 FD listed RVS Cash Management and RVS New Dimensions as two separate accounts. This was incorrect because RVS New Dimension's name changed to RVS Cash Management in 2009, which resulted in the duplicative listing. My 2010 FD corrected this mistake and only listed RVS Cash Management (as Columbia Money Market Fund). Accordingly, my amended report clarifies this name change. As noted on my 2010 FD report, there were no transactions with this account.

The 2010 FD report included two insurance policies held with Riverside Life Insurance Company. The report failed to show that both these policies are whole life policies. My amended report includes these clarifications.

Finally, the 2009 FD report listed my retirement account from the Ohio state legislature on schedule IX. After consulting with your office, it is my understanding that I am only required to list a deferred benefit retirement plan on schedule III. I have chosen to go beyond that requirement and also included the account on schedule III of my 2010 FD report. This account is listed as the Ohio Public Employees Retirement System. Therefore, my amended report does not include any changes to my retirement account.

SPRINGFIELD OFFICE

5 West North Street Suite 200 Springfield, OH 45504–2544

(937) 325-0474

LANCASTER OFFICE

207 South Broad Street Lancaster, OH 43130-4307

(740) 654-5149

I hope this will help clarify these items and thank you for your cooperation with this matter. Should you have any further questions or need any additional information, please contact myself or my Chief of Staff, Ted Maness, at 202-225-4324.

Sincerely,

Steve Austria

Member of Congress

ĕ	Yes	child because	sactions, or liabilities of a spouse or dependent or the Committee on Ethics.	" income, trans: st consulted wi	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.
N N	you Yes	closed. Have	I certain other "excepted trusts" need not be disc	on Ethics and dependent child	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?
S	EACH OF THESE QUESTIONS	F THESE	- ANSWER	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	answered and ch "Yes" resp	must be a	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No No	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.
8 □	vith Yes	arrangement \	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	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.
8	date Yes	or before the c	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.	S	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.
8	g Yes	d receive any n the reporting		No 🖸	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.
N _N	Yes	freceive 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 \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No O	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	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
assessed nore than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyo 30 days late	r Employing Office: e Termination Date:	Officer or Employee	Status Member of the U.S. State: Off House of Representatives District: The Annual (May 16, 2011) State: Off House of Representatives District: The Amendment May 16, 2011)
	(Office Use Only)				
CLERK	U.S. HOUSE OF REPRESENTATIVES	Ċ	Daytime Telephone: 207. 225. 4324	Daytime To	Name: Steve Austria
DE NAL OF 6	ENSUDE NALOT 6 ENTENDE NALOT 6 2011 JUL 21 PM 5: LO	,=	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Name Steve
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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 Keene State State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education EFA Solution, LLC (Spouse)	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Spouse Salary Spouse Salary
Administration of the Control of the	

NT Fifth - Third Bank	[Raymerly Management]	IT Columbia Money Market Fund	[Kys Large Cap Equity]	I – 7	JT Ameriphise Brokwage Account	JT 1st Bank of Paducah, KY Accounts	_	SP, Sp Mega Corp. Stock	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 the name of the institution holding the account and its value 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.	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 it not exercised, to select the specific	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	Identify (a) each asset held for investment or production	BLOCK A Asset and/or Income Source
×		X		X	×		Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000	year and is included only because it generated income, the value should be	If an asset was sold during the reporting	reporting year. If you use a valuation method other than fair market value, please specify the method used.	Indicate value of asset at close of	BLOCK B Value of Asset
*		> <		×	×	<u></u>	Royatties	X X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income dur-	may check the "None" column. Dividends, interest, and capital	you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you	Check all columns that apply. For	BLOCK C Type of Income
X							X	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 <	Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income	indicate the category of income by checking the appropriate box below.	you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets,	For retirement accounts that do not allow	BLOCK D Amount of Income
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	exceeding \$1,000 in	exchanges (E)	asset had purchases (P), sales (S), or	Indicate if the	BLOCK E Transaction

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)				,
BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E
S.P.		T	X	ק.
DC,	0 0 000 0,000 00,000	ie		ω _, ω
JT	0,000 00,000 250,00 500,00 1,000, \$5,00 \$25,0	Incon	0 90 000 000 000,00 5,000,0	•
	\$1,000 \$1,000 01 - \$15 001 - \$5 001 - \$1 ,001 - \$,001 - \$ 00,001 - 000,001 \$50,000	DENDS		
	\$1,00 \$15,0 \$50,0 \$100 \$250 \$1,00 \$5,00 \$25,0	INTE CAP EXC Othe (Specification)	\$1,00 \$2,50 \$5,00 \$15,0 \$50,0 \$100,	
UT Huntington National Bank	X	Х	X	
Ohio Public Employees	X	×	×	
peticement System (Deferred plan)				
[Previously reported]				
SP Riverside Life	X	×	X	
[Whole Life Policy]				
Riverside Life	X	X	X	-
[whole life Policy]				
_				

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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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

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

spouse or dependent child that is totally independent of his or her relationship to you.

	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
səlomexə	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
oretivati	Heritage Foundation	Jan. 14	DC - Chaulo Hosville, VA	٧	У	7	Nonc
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Name Steve Austria

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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,

zations); 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 organi-

rosiuon		
Name of Organization		

SCHEDULE IX—AGREEMENTS

government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. 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
1999-Present	1999-Present State of Ohio