

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES

March 26, 2009

Hon. Lorraine C. Miller
Clerk of the House of Representatives
Legislative Resource Center, B-106
Cannon House Office Building
U.S. House of Representatives
Washington, Dc 20515

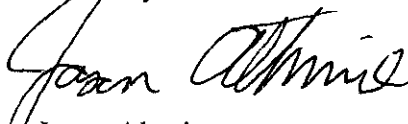
MC

Dear Ms. Miller:

Attached is my amended 2007 Financial Disclosure Statement. The amended statement reflects revisions on Schedules III and IV and includes footnotes for clarification.

Please contact me if I can answer any questions you might have.

Sincerely


Jason Altmire

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A
For use by Members, officers, and employees

HAND DELIVERED

JASON ALTMIRE
(Full Name)

202-225-2565
(Daytime Telephone)

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LEGISLATIVE RESOURCE CENTER
(Office Use Only)

Filer Status	Member of the U.S. House of Representatives	State: PA District: 04	Officer Or Employee	Employing Office:
Report Type	Annual (May 15)	Amendment	Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
II. If yes, complete and attach Schedule I. 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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	VII. If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
III. If yes, complete and attach Schedule II. 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?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	VIII. If yes, complete and attach Schedule VII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IV. If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	IX. If yes, complete and attach Schedule VIII. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	X. If yes, complete and attach Schedule IX.		

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- 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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Exemptions-- 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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name JASON ALTMIRE

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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	Type	Amount
AARP	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JASON ALTMIRE

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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.</p> <p>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.</p> <p>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.</p>		<p>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."</p>	<p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	Charles Schwab - Ariba stock	\$1 - \$1,000	None	NONE	
SP	Charles Schwab - Walt Disney stock	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Charles Schwab - Janus Balanced Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Charles Schwab - Series Satellite Radio	\$1,001 - \$15,000	None	NONE	
SP	AARP 401(K) - TRP Blue Chip Growth	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
SP	AARP 401(K) - TRP Mid Cap Growth	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name JASON ALTMIRE

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SP					
	AARP 401(K) - T. Rowe Price Retirement 2035 (formerly TRP Personal Strategy Growth)	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	P
	UPMC - Cash Balance Plan	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	UPMC - Vanguard Wellington	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	P
	UPMC - Growth Fund of America (Formerly shown as "American Funds)	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	P
	UPMC - Artisan Mid Cap	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	P

SCHEDULE IV - TRANSACTIONS

Name JASON ALTMIRE

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	AARP 401(K) - T. Rowe Price Retirement 2035 (formerly TRP Personal Strategy Growth)	P	Monthly - reinvested income	\$1,001 - \$15,000
	UPMC - Vanguard Wellington	P	Monthly - monthly reinvested income	\$1,001 - \$15,000
	UPMC - Growth Fund of America (Formerly shown as "American Funds)	P	Monthly - monthly reinvested income	\$1,001 - \$15,000
	UPMC - Artisan Mid Cap	P	Monthly - monthly reinvested income	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name JASON ALTMIRE

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 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 reimbursed or paid directly by the 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 spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Israel Education Foundation	Aug. 11 - 19	DC - Tel Aviv - DC	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name JASON ALTMIRE

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

Position	Name of Organization
Board Member	Pittsburgh Ballet Theatre
Board Member	Heritage Health Foundation
Board Member	Lawrence County Social Services
Board Member	Penn State Beaver Advisory Board

FOOTNOTES

Name JASON ALTMIRE

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Pentagon Life Cash Value reported on the original filing in Schedule III has been deleted from this report as it is not required to be noted in this report	Paragon Life Cash Value
2	Schedule IV	Schedule IV has been deleted from this statement as it related to personal residence and in not required to be in this report	Transactions
3	Schedule III	Baron Growth Fund should not have been listed in the original statement, it is not an asset of the filer or his spouse	Investments