



Filing ID #10001555

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B-106 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Mr. Glenn Thompson
Status: Member
State/District: PA05

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2013
Filing Date: 05/9/2014

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
606 Walnut Street Howard, Pennsylvania (Rental Property)	JT	\$50,001 - \$100,000	Rent	\$5,001 - \$15,000	<input type="checkbox"/>
LOCATION: Hooward / Centre, PA, US					
MetLife Tax Sheltered Annuity T-Flex		\$1 - \$1,000	None		<input type="checkbox"/>
National Western Life Insurance		\$100,001 - \$250,000	None		<input type="checkbox"/>
Retirement 403(b) Plan from Susquehanna Health		\$1,001 - \$15,000	None		<input type="checkbox"/>

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

None disclosed.

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
DC	Sallie Mae	September 2008	Education Loan for son (Kale)	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

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?

☐ Yes ☒ No

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?

☐ Yes ☒ No

COMMENTS

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Mr. Glenn Thompson , 05/9/2014