	hild thics. Yes ☐ No ☑	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.	sets, "unearned" inco	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption? Do not answer "yes" unless you have fin	
	Yes 🗌 No 🗹	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?	ved by the Committee fetails of such a trust	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certa disclosed. Have you excluded from this report details of such a trust benefiting you, your	
	STIONS	TION ANSWER EACH OF THESE QUE	JST INFORMAT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	 
		schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
	and the appropriate	Each question in this part must be answered and the appropriate	Yes No	V. (more than \$10,000) during the reporting period?	<
		If yes, complete and attach Schedule IX.		if yes, complete and attach Schedule IV.	
	outside Yes V No	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes □ No ☑ I	IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	7
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
	ling in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V No	Did you, your spouse, or a dependent child receive "unearned" income of III. 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 VII.		If yes, complete and attach Schedule II.	
	le travel or lan \$350 Yes No	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes ✓ No □	Did any individual or organization make a donation to charity in lieu of paying il. you for a speech, appearance, or article in the reporting period?	=
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	
	le gift in therwise Yes ☐ No ☑	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)?	Yes ☑ No ☑ Nes	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?	-
		UESTIONS	OF THESE QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH	<b>-</b>
	late.	on	☐ Termination	Type ( ☑ )/Annual (May 15) ☐ Amendment	
	more than 30 days	Termination Date:		Report	
	be assessed against	Employee		<i>(</i> )	
<b>.</b> ,	A \$200 penalty SHAINTIVES	Employing Office:		Filer Member of the U.S. State: VA	
7	(Office Use Only)	(Daytime Telephone)		(Full Name)	
	2012 MAY 10 PM 1: 1:2	2022254261		Robert J. Wittman	
≈र्ग	LEGISLATIVE RESOURCE CENTER				
i 1		nbers, officers, and employees	MENT	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	
RED	THAND DELIVERED	FORM A Page 1 of 7	TATIVES	INITED STATES HOUSE OF REPRESENTATIVES	

### SCHEDULE I - EARNED INCOME

Name Robert J. 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
Westmoreland County Public Schools	Spouse Salary	N/A

# SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Robert J. Wittman Page 3 of 7

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
College of William and Mary- Andrews Fellowship	Speech, Fellowship	Apr. 19, 2011	\$2,000

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

SP **-**SP 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. (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 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 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 in, or income derived from, a federal retirement program, including the Thrift Exclude: Your personal residence, including second homes and vacation homes state the name of the business, the nature of its activities, and its geographic For an ownership interest in a privately-held business that is not publically traded For rental or other real property held for investment, provide a complete address. only the name of the institution holding the account and its value at the end of the Provide complete names of stocks and mutual funds (do not use ticker symbols.) location in Block A. reporting period. reporting thresholds. For retirement accounts which are not self-directed, provide investments), provide the value for each asset held in the account that exceeds the Identify (a) each asset held for investment or production of income with a fair market "unearned" income during the year. Asset and/or Income Source Commonwealth of VA 457 Chevron (Inherited) Bank of Lancaster Account Deferred Compensation Plan Cash Match Plan Commonwealth of VA 401(a) Bank of Lancaster Stock Fund 1/2 Rental House, Montross, VA \$15,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$50,000 \$1,001 -\$50,000 \$15,001 -\$100,000 \$50,001 value should be "None." generated income, the If an asset was sold and is specify the method used. market value, please method other than fair included only because it is if you use a valuation At close of reporting year Value of Asset Year-End Name Robert J. Wittman **BLOCK B** generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, None RENT Investment Gain during the reporting period. Check all columns that apply For retirement accounts that DIVIDENDS the asset generated no income as income. Check "None" if and capital gains, even if specific investments or that do not allow you to choose INTEREST reinvested, must be disclosed nvestment Gain Type of Income BLOCK C \$201 - \$1,000 \$1 - \$200 NONE \$1 - \$200 or generated. \$201 - \$1,000 \$2,501 - \$5,000 "None" if no income was earned disclosed as income. Check gains, even if reinvested, must be Dividends, interest, and capital appropriate box below. income by checking the assets, indicate the category of plans or IRAs), you may check the investments or that generate tax-deferred income (such as 401(k) not allow you to choose specific For retirement accounts that do 'None" column. For all other **Amount of Income** reporting year. exceeding \$1,000 in exchanges (E) Transaction sales (S), or had purchases (P), Indicate if asset BLOCKE Page 4 of 7

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SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Robert J. Wittman	. Wittman		Page 5 of 7
SP	Frontier (Inherited)	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
SP	Genworth IRA	\$15,001 - \$50,000	IRA Death Withdrawal	\$1,001 - \$2,500	ļ
SP	Media General (Inherited)	\$1 - \$1,000	None	NONE	
SP	Met Life (Universal)	\$1,001 - \$15,000	None	NONE	
	Met Life (Universal)	\$1,001 - \$15,000	None	NONE	
SP	National Western Life Annuity 403B TSA	\$15,001 - \$50,000	None	NONE	
JT	Peoples Bank Accounts	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	Peoples Bank Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Piedmont	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Trust of America	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
;	VA Retirement System	\$50,001 - \$100,000	None	NONE	
SP	Verizon (Inherited)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Wellpoint (Inherited)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

#### SCHEDULE V - LIABILITIES

Name Robert J. Wittman

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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. NOTE: Pending legislation may require Members to report mortgates on

\$15,001 - \$50,000	2nd Mortgage, 14877 King's Highway, Montross, VA	July 2005	Bank of Lancaster, VA	Ţ
\$50,001 - \$100,000	Mortgage on 14877 King's Highway, Montross, VA	Nov. 1984	Peoples Community Bank, Virginia	JT
Amount of Liability	Type of Liability	Date Liability Incurred	Creditor	SP, DC,

#### **SCHEDULE IX - AGREEMENTS**

Name Robert J. Wittman

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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 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.

Date	Parties To	Terms of Agreement
8/1981	Virginia Retirement System	Defined Benefit determined at age 22.