	s. 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.	ctions, or liabilities of a s u have first consulted wit	come, transaces" unless you	, "unearned" in o not answer "y	rt any other assets for exemption? Do	from this repo	Have you excluded I	Exemptions	Exem	
	Yes No 🗸	other "excepted trusts" need not be ouse, or dependent child?		tee on Ethics : st benefiting y	by the Commit	Trusts" approved m this report detai	นลlified Blind Jualified Brind	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your specific properties.	·	Trusts-	
	SNO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	ANSWER EACH O	ATION /	FINFORM/	T, OR TRUS	PENDEN.	SPOUSE, DE	SION OF	XCLU	
		ed for each "Yes" response.	schedule attached for eacl	sched				If yes, complete and attach Schedule V	complete and	If yes,	
	d the appropriate	n this part must be answered and the appropriate	Each question in this part	Each o	₹ 8 □	le liability (more Yes	ave any reportab	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	, your spouse, 0,000) during th		<
		dule IX.	If yes, complete and attach Schedule IX.	If yes, c				If yes, complete and attach Schedule IV	complete and	If yes,	
	de Yes 🗸 No 🗌	rtable agreement or arrangement with an outside	Did you have any reportable agreemenentity?	IX. entity?	₩ 8 □	reporting Yes	chase, sell, or ex 1,000 during the	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	, your spouse, ble asset in a tr		₹.
	Yes No K	If yes, complete and attach Schedule VIII.	current calendar year? If yes, complete and attach Schedule VIII.	VIII. current calendar year? If yes, complete and	₹	asset worth Yes	d any reportable	Did you, your spouse, or a dependent child receive "unearned" income or 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.	ian \$200 in the ian \$1,000 at the complete and		Ħ.
		edule VII.	If yes, complete and attach Schedule VII.	If yes, c	:			If yes, complete and attach Schedule II.	complete and	If yes,	
	ivel or 335 Yes ✔ No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Did you, your spouse, or a dependent reimbursements for travel in the report from one source)?	VII. reimburs from one	□ 8 S	in lieu of paying d? Yes	nation to charity e reporting perio	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?	a speech, appe		Ę.
		dule VI.	mplete and	If yes, c				If yes, complete and attach Schedule I.	complete and	If yes,	
	R in No No No	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)?	your spouse, or a dependent rting period (i.e., aggregating ?	VI. the report exempt)?	W	or fees) of \$200 Yes	e (e.g., salaries < lod?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	or your spous		_
				DILSEN	F THESE C	- ANSWER EACH OF THESE QUESTIONS		PRELIMINARY INFORMATION	IINARY II	RELIN	
	more than 30 days late.				☐ Termination	Amendment	☐ Am	Annual (May 15)		Report Type	
	anyone who mes		Termination Date:	,)		
	A \$200 penalty shall be assessed against		Employing Office	Officer Or Employee		State: VA District: 01	ıtatives	Member of the U.S. House of Representatives	<u> </u>	Filer Status	
X E L	(Office Use Unity) P.K.P.D.	(Daytime Telephone)	(Daytime				(Full Name)				
	U.S. HÜSE DE REPRECENTATIVES /1	2022254261 U.S. N.S.	20222			lman	Robert Joseph Wittman	Robert			
	STATES OF FOR										Т
· •	Page 1 of Edits. ATIVE RESOURCE CENTER employee&III MAY 16 PM 3: 09	FORM A Page 1 of 8 For use by Members, officers, and employee劉則 州科(16)P州 3: 09	FORM A e by Members, officers	For use	TIVES	PRESENTA	OF REF	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	D STAT	CALEND	

SCHEDULE I - EARNED INCOME

Name Robert Joseph Wittman

Page 2 of 8

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

		1	Ţ			
			SP		SP .	Asset: Identify (a) each, a fair market valu and (b) any other generated more; Provide complete symbols.) For all IRAs and self-directed (i.e. exercised, to seld asset held in the retirement account of the institution reporting period. For rental or othe address. For an ownership publically traded activities, and its Exclude: Your p
Commonwealth of VA 457 Deferred Comp Plan	Commonwealth of VA 401(a) Cash Match Plan	Bank of Lancaster Stock Fund	Bank of Lancaster Account	Ariel Appreciation Fund	1/2 Rental House (inherited)	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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete 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 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 an ownership interest in a privately-held business that is not publically 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
\$15,001 - \$50,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$1,001 - \$15,000	None	\$50,001 - \$100,000	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 "Nome."
Investment Gain	Investment Gain	DIVIDENDS	INTEREST	Investment Gain	RENT	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
\$1,001 - \$2,500	\$201 - \$1,000	\$201 - \$1,000	\$1 - \$200	\$1 - \$200	\$201 - \$1,000	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
		:		S		Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Robert Joseph Wittman	oseph Wittman		Page 4 of 8
SP	Genworth Financial IRA (inherited)	\$15,001 - \$50,000	Investment Gain	\$1 - \$200	
SP	Met Life Insurance	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Met Life Insurance	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	National Western Life Annuity 403b	\$15,001 - \$50,000	Investment Gain	\$201 - \$1,000	
Ţ	Peoples Bank Accounts	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	Peoples Bank Stock (inherited)	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Piedmont (inherited)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Trust Company of America	\$15,001 - \$50,000	Investment Gain	\$201 - \$1,000	
 	Vanguard 500 Index	None	Investment Gain	\$1 - \$200	S
	Vanguard US Growth	None	Investment Gain	\$1 - \$200	Ø
	Virginia Retirement System	\$50,000-	None		

SCHEDULE IV - TRANSACTIONS

Name Robert Joseph Wittman

Page 5 of 8

transaction. 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. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. 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 exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange

SP, DC,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
,	Ariel Appreciation Fund	S	AN	11-29-10	\$1,001 - \$15,000
)	N S	7	91 000
	Vanguard 500 Index	S	N/A	11-29-10	\$1,001 - \$15,000
	Vanguard US Growth	S	N/A	11-29-10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Robert Joseph Wittman

Page 6 of 8

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.

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

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert Joseph Wittman

Page 7 of 8

spouse or dependent child that is totally independent of his or her relationship to you. 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 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under

None	Z	~	~	Nov. 29-30 DC- Naples, FL- DC	Nov. 29-30	American Shipbuilding Association
Days not at sponsor's expense	Was a Family g? Food? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodging? (Y/N)	Point of Departure DestinationPoint of Return	Date(s)	Source

SCHEDULE IX - AGREEMENTS

Name Robert Joseph Wittman

Page 8 of 8

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