



Filing ID #10008116

# FINANCIAL DISCLOSURE REPORT

---

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

---

## FILER INFORMATION

**Name:** Hon. Glenn Thompson  
**Status:** Member  
**State/District:** PA05

## FILING INFORMATION

**Filing Type:** Amendment Report  
**Filing Year:** 2014  
**Filing Date:** 06/23/2015

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

| Asset   | Owner | Value of Asset       | Income Type(s) | Income             | Tx. > \$1,000?           |
|---|-------|----------------------|----------------|--------------------|--------------------------|
| 403 (b) Plan from Susquehanna Health ⇒<br>American Funds AMCAP R5 (Ticker RAFFX)              |       | \$1,001 - \$15,000   | Tax-Deferred   |                    | <input type="checkbox"/> |
| 403 (b) Plan from Susquehanna Health ⇒<br>American Funds EuroPacific Gr A (ticker AEPGX)      |       | \$1,001 - \$15,000   | Tax-Deferred   |                    | <input type="checkbox"/> |
| 403 (b) Plan from Susquehanna Health ⇒<br>Invsco Growth and Income A (Ticker ACGIX)           |       | \$1,001 - \$15,000   | Tax-Deferred   |                    | <input type="checkbox"/> |
| 403 (b) Plan from Susquehanna Health ⇒<br>Prudential Jennison Mid Cap Growth A (Ticker PEEAX) |       | \$1,001 - \$15,000   | Tax-Deferred   |                    | <input type="checkbox"/> |
| 403 (b) Plan from Susquehanna Health ⇒<br>T. Rowe Price Mid-Cap Value (Ticker TRMCX)          |       | \$1,001 - \$15,000   | Tax-Deferred   |                    | <input type="checkbox"/> |
| 403 (b) Plan from Susquehanna Health ⇒<br>TFLIC Guaranteed Pooled Fund                        |       | \$1,001 - \$15,000   | Tax-Deferred   |                    | <input type="checkbox"/> |
| 606 Walnut Street Howard PA Rental Property   | JT    | \$50,001 - \$100,000 | Rent           | \$5,001 - \$15,000 | <input type="checkbox"/> |
| LOCATION: Howard, PA, US  |       |                      |                |                    |                          |

| Asset  | Owner | Value of Asset        | Income Type(s) | Income | Tx. > \$1,000?           |
|--|-------|-----------------------|----------------|--------|--------------------------|
| Met Life Individual Retirement Annuity plan participated in with previous employer |       | \$1,001 - \$15,000    | Tax-Deferred   |        | <input type="checkbox"/> |
| Met Life Tax Sheltered Annuity T-Flex plan participated in with previous employer  |       | \$1 - \$1,000         | Tax-Deferred   |        | <input type="checkbox"/> |
| National Western Life Insurance Fixed Index Annuity                                |       | \$100,001 - \$250,000 | Tax-Deferred   |        | <input type="checkbox"/> |

\* Asset class details available at the bottom of this form.

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   |
| JT    | Northwest Savings, 100 Liberty Street Warren, PA 16365 | May 14, 2012   | Home Equity on personal resident 602 Walnut Street Howard, Pa 16841 | \$100,001 - \$250,000 |

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.

## SCHEDULE A AND B ASSET CLASS DETAILS

- 403 (b) Plan from Susquehanna Health

## 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

## 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:** Hon. Glenn Thompson , 06/23/2015