No No	child because Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, trans	EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on I
No Y	closed. Have you Yes	d certain other "excepted trusts" need not be disvild?	on Ethics and dependent chi	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?
S	SWER EACH OF THESE QUESTIONS	AN	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	tion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No U	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes 1 Yes 1
S _S	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	<u>8</u>	 IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
No	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	N _S	III. 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? If yes, complete and attach Schedule III.
№	I receive any noting Yes Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	No 1	II. 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? If yes, complete and attach Schedule II.
No 🔻	receive any regating more Yes	VI. 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)? If yes, complete and attach Schedule VI.	S S	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 Ves
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
more man	against anyone who mes more than 30 days late.	Termination Date:		Report
assessed	A \$200 penalty shall be assessed	or Employing Office:	Officer or Employee	Filer Member of the U.S. State: PH House of Representatives District: 1
CENTER: 47	2013 JAN 10 PH 1: 47 2013 JAN 10 PH 1: 47 050 101 05 101 01286 U.S. HOUNGARGRARSHTATIVES	Daytime Telephone:	Daytime 1	Name: Jason Altmire
Page 1 of \angle	JAN 0 3 2013	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR FINANCIAL DISCLOSURE STATEMENT

Name Lyson Altmine

Page. Ø

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		Servey : 101.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
AARP	Spouse Salary	NA
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] (1	1	7	1		-		vide a complete address. For an ownership interest in a privately-held business that is not publicly 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 representation); any deposits toning second research and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	ment 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 rental or other real property held for investment, pro-	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 retire-	Provide complete names of stocks and mutual funds (do	more than \$200 in "unearned" income during the year.	the end of the reporting period, and (b) any other	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at	Þ	
Ariba Stock (Shud Find)	Charles Schwab:	TRP	ZZ ZZ	\$	Rome Price 40/(K):		Examples:		wwners ot pubs ot pubs natun ock A. Your Your of Your of Your of Your of Your ock our och	counts e of the en	NAS ar at are: events), p	comple	in \$20	<u></u>	a)eac ewith	Asset and/or Income Source	
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							ᇫ		\$1 - \$1,000	₩	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."		memod other than fair market value,	reporting year. If you use a valuation	Indicate		
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		1				┡	<u> </u>	×	CAPITAL GAINS		gains, even if reinvested, must be gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	may check the "Tax-Deferred" column.	that generate tax-del (such as 401/k) plans	you to choose specific investments or	Check all columns that apply. For refirement accounts that do not allow	Type of Income	BLOCK C
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			:				Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		d de se de s		- c 8 ∄	ots c	고 일 기		
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									\$1 - \$200	=	income. Check "None" if no income was earned or generated.	interest, and	cate the category of income by checking the appropriate box below Dividends.	"None" column. For all other assets, indi-	For assets for which you checked "Tax- Deferred" in Block C. you may check the		
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SCHEDULE IV— TRANSACTIONS

Page 5

										Inheritance	-Died June 2012	JT Sale of Mother's Home	Example: Mega Corpor	SP DC JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
															PURC	HASE		Type of Transaction
												1	×	ļ	SALE			Type ansac
															EXCH	ANGE		tion
i					1							7			Check E Gain Ex			
												8-9-12	10-12-11		Bi-weekly, if applicable	or Quarterly, Monthly, or	(MO/DAY/YR)	Date
															\$1,001- \$15,000		>	
													×		\$15,001- \$50,000		Φ.	
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	 <u> </u>	<u></u>	<u> </u>												\$50,000	,000	_	

SCHEDULE V— LIABILITIES

Name Jason Altmire Page 6

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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); 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 mortgages on personal residences.

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				77		SP, DC, JT	
				Compressional Federal Cred. + Union	Example: First Bank of Wilmington, DE	Creditor	
				9799 Jan 2	May 1998	Date Liability Incurred Mo/Year	
			Wexford, AA 15090	abberaun Mortagage on 114 Breckenninge	Mortgage on 123 Main St., Dover, DE	Type of Liability	
						\$10,001- \$15,000	
						\$15,001- \$50,000	
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SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

		Example: N		
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
		\$375	Value	

SCHEDULE VIII—POSITIONS

Name Jason Altring

age of

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

Position	Name of Organization
Board	Lawrence County Social Servites
Beach)	Pittsburgh Ballet
Beard	University of Pittburgh Institute of Politics
Advisory Board	Penn State Beayer

SCHEDULE IX—AGREEMENTS

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. 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

Date	Parties To	Terms of Agreement
11-28-12	Florida Blue, Jacksonville, FL	Future Employment:
		Senior Vice President beginning
		January 8, 2013