d No 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.	ssets, "unearned" 17 Do not answer	Exemptions Have you excluded from this report any other a because they meet all three tests for exemption	
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?	oved by the Comm	Trusts Details regarding "Qualified Blind Trusts" appr disclosed. Have you excluded from this report	
TIONS	IATION ANSWER EACH OF THESE QUES	UST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	1 1
	schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
ınd the appropriate	Each question in this part must be answered and the appropriate	° Yes ☑ No ☐	Did you, your spouse, or a dependent child have any reportable liability (more V. than \$10,000) during the reporting period?	
	If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	
tside Yes No	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes 🗌 No 🗸	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting period?	
	If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
y in the Yes ☐ No ☑	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes 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	
	If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	:
travel or Same Same Same Same Same Same Same Same	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 V	Did any individual or organization make a donation to charity in lieu of paying it. 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.	
gift in Yes No 🗸	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Yes 🗌 No 🗸	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	
	OF THESE QUESTIONS		PRELIMINARY INFORMATION ANSWER EACH	
late.		Termination	Type Annual (May 15) Amendment	
more than 30 days	Termination Date:]		
be assessed against	ciripioyee		Status House of Representatives District: 05	
A \$200 penalty shall	Employing Office:		Filer Member of the U.S. State: PA	
(Office Use Only)	(Daytime Telephone)		(Full Name)	
2012 HAY 31 PH 1: 42	202-225-5121 201		Representative Glenn Thompson	
LEGICL ATIVE RESOURCE CENTE	i i i i i i i i i i i i i i i i i i i			
DELIVERED	For use by Members, officers, and employees	MENT	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	
DI HAND	FORM A Page 1 of 4	ITATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	 7

Name Representative Glenn Thompson

	ΤĽ	If you so choose, you may indi spouse (SP) or dependent chill optional column on the far left	Exclude: Your I (unless there way \$5,000 or less in in, or income de Savings Plan.	For an ownership in state the name of the location in Block A.	For rental or oth	ASSE identify (a) each is value exceeding reportable asset "unearmed" Incomplete Provide complete For all IRAs and (i.e.,plans in white investments), proreporting threshoonly the name of reporting period.	:
National Western Life Insurance (Fixed Index Annuity)	606 Walnut Street Howard, Pennsylvania (Rental Property)	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.	Exclude: Your personal residence, including second homes and vacation homes (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 in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	For rental or other real property held for investment, provide a complete address.	t and asset he \$1,000 a or source during the	BLOCK A
\$100,001 - \$250,000	\$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 "None."	BLOCK B
None	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.	ВГОСК С
NONE	\$5,001 - \$15,000		į.	1		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.	BLOCK D
	,					Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	BLOCK E

SCHEDULE V - LIABILITIES

Name Representative Glenn Thompson

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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 personal residences. fumiture, 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 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 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

JT DC,	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
DC	Sallie Mae	September 2008	Education Loan for son (Kale) \$15,001 - \$50,000	\$15,001 - \$50,000
JT	Sovereign Bank, Beech Creek PA	January 2010	Mortgage on 602 Walnut Street, Howard, PA	\$100,001 - \$250,000
JΤ	Sovereign Bank, Beech Creek PA	August 2010	Home Equity Loan on 602 Walnut Street, Howard, PA	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Representative Glenn Thompson

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spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, 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 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

3 Days	~	~	Υ	DC - Los Angeles - State College, PA	Jan. 28 - 30	The Heritage Foundation
Days not at sponsor's expense	? Food? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodging? (Y/N)	Point of Departure DestinationPoint of Return	Date(s)	Source