× S	Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	y" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spot they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
8 ✓	sed. Have you Yes	d certain other "excepted trusts" need not be disclo	e on Ethics and dependent chil	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	NSWER EACH OF THESE QUESTIONS	— A	TINFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	ust be answered and for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	Š	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
No I	rangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No S	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.
N _o	before the date Yes	 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. 	No.	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.
No	he reporting 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.	<u>\$</u>	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.
<u>s</u>	ceive any gating 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.	No U	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? If yes, complete and attach Schedule I.
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
assessed nore than	A \$200 penaity shall be assessed against anyone who files more than 30 days late.	Termination Date:	Employee	House of Representatives District: Annual (May 15, 2012)
IVEC 1	ILS HOUSE CHREEKS STRY AT IVEC			Montos
<u> </u>	LEGISLATIVE RESOURCE CENTER 2013 FEB 21 PM 1: 09	Daytime Telephone:	Daytime T	Name: Steve Austria
ge 1 of 6	FEB 1 2 2013 Page 1 of 6	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR FINANCIAL DISCLOSURE STATEMENT

Name

Austria

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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.

						-	LCC	Ontario County Board of Education			Source
						-	Spouse Salary	Spouse Salary	Spouse Speech	Approved Teaching Fee	Туре
							NA	NA	\$9,000	\$6,000	Amount

	4		9	_	4	្	DC,	SP.	ម្ភាស់ ស្ត្រី នេះ ទី១៥ និង ស្ត្រី ស្	
Fund	Columbia Movey Market	Quantitative Fund	Columbia Large Core	(Proter + Gamble Stock)	Ameriarise brokerage tat	1st Bank of Paducah, KY Accounts	Examples:	SP Mega Corp. Stock	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, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the 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 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. 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. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	BLOCK A 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 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 reporting thresholds. For retire-account that exceeds the reporting thresholds. For retire-
	X		X		X	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$0 \$25,000,001 - \$5,000,000 \$0 \$1,000,001 - \$5,000,000 \$0 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$25,000,000 \$1,000,000 \$25,000,000 \$25,000,0	BLOCK B Value of Asset Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."
	×		×		×	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	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 "Tax-Deferred" 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	X	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 <	Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C, 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 (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDU-LE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Steve Austric

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		9										(whole life Policy)	Riverside Life"	<u>ل</u>	Riverside Life	wefit F	Refirement System	iblic Employee	K Natio	Fifth Third Bank		BLOCK A Asset and/or Income Source
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		-													ļ						TAX-DEFERRED	3 0
																					Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
													×		×		•	X			None -	
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SCHEDULE V— LIABILITIES

Name Steve Austria

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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 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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		American Express	Huntington National Bank Mug 1990 Mostgage on 2537 Obete	Example: First Bank of Wilmington, DE	Creditor		
		Dec. 2012	Aug 1990	May 1998	Incurred Mo/Year	Liability	7
	(College Tuifion)	Dec 2012- Credit Card Beaucreek OH	Mortgage on 2537 Obetch.	Mortgage on 123 Main St., Dover, DE	Type of Liability		
		\succ			\$10,001- \$15,000	V	
					\$15,001- \$50,000	Φ	
			\		\$50,001- \$100,000	ဂ	
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				-	\$1,000,000 \$1,000,001-	FG	Amount of Liability
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					\$25,000,000 \$25,000,001 \$50,000,000		
					Over \$50,000,000	ر	

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

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Name Steve Austria

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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-

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

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		1999 - Fresch	Date	
		it State of Ohio	Parties To	
		Public Employees Retirement Plan (PERS)	Terms of Agreement	