Exemptions Have you excluse they n	Trusts- Details regardi disclosed. Hav	<b>EXCLUSION OF SPOUSE,</b>	If yes, complete and attach Schedule V	Did you, your spouse, or a dependent child have any reportable liability  V. (more than \$10,000) during the reporting period?	If yes, complete and attach Schedule IV.	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 III.	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 more than \$1,000 at the end of the period?	If yes, complete and attach Schedule II.	Did any individual or organization make a donation to charity in lieu of paying li. you for a speech, appearance, or article in the reporting period?	If yes, complete and attach Schedule I	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?	PRELIMINARY INFORMATION	Report Annual (May 15)		Filer Member of the U.S. House of Representatives				UNITED STATES HOUSE CALENDAR YEAR 2011 FINANCIAL
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.	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	ule V.	any reportable liability	ule IV.	Ą	ute III.		ule II.	e a donation to charity in lieu of paying e in the reporting period? Yes	ule I.	income (e.g., salaries or fees) of \$200  Yes	ION ANSWER EACH OF THESE QUESTIONS	15) Amendment	District. 12	itatives	(Full Name)	MARK S CRITZ		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
unearned" income, transactions, or l ગ answer "yes" unless you have firs	the Committee on Ethics and certain of such a trust benefiting you, your s	NFORMATION ANSWE	schedule attach	Yes ☑ No □ Each question	If yes, complete and	Yes No VIX. entity?	If yes, complete and	Yes V No VIII. current calendar year?	If yes, complete and	No ✓	If yes, complete and	No Ui.	THESE QUESTIONS	Termination Termination		Officer Or En				IVES For use by Membr
abilities of a spouse or dependent child consulted with the Committee on Ethic	other "excepted trusts" need not be pouse, or dependent child?	R EACH OF THESE QUESTIONS	hed for each "Yes" response.	Each question in this part must be answered and the appropriate	id attach Schedule IX.	Did you have any reportable agreement or arrangement with an outside entity?	nd attach Schedule VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year?	nd attach Schedule 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)?	nd attach Schedule 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)?	•	n Date:		Employing Office: U.S	(Daytime Telephone)	814-242-0866	C F	Page 1 of 6 bers, officers, and employees
hics. Yes No ✔	Yes 🗌 No 🕢	STIONS		and the appropriate		outside Yes 🗆 No 🔀		ling in the Yes ✔ No □		e travel or lan \$350 Yes ☐ No 🗸		therwise Yes No		more than 30 days late.	anyone who files	he assessed against	(Office Use Only)	2012 HAY 21 AH 10: 38	LEGISLATIVE RESOURCE CENT	MAY 1 1 2012

## **SCHEDULE 1 - EARNED INCOME**

Name MARK S CRITZ

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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
GREATER JOHNSTOWN SCHOOL DISTRICT	SPOUSE SALARY	\$67,054

	BLOCK A	BLOCK B	вгоск с	BLOCK D	BLOCK E
ASSI Identify (a) each value exceeding reportable asson "unearmed" inc	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 "unearmed" income during the year.	Year-End Value of Asset At close of reporting year. If you use a valuation	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that	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) phane or IBAsh you may check the	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E)
Provide comple	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	market value, please specify the method used.	(such as 401(k) plans or IRAs), you may check the "None"	"None" column. For all other assets, indicate the category of	reporting year.
For all IRAs an (i.e.,plans in winnestments), preporting thres	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	If an asset was sold and is included only because it is generated income, the	column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if	income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be	
only the name of reporting period.	only the name of the institution holding the account and its value at the end of the reporting period.		the asset generated no income during the reporting period.	disclosed as income. Check "None" if no income was earned	
For rental or ot	For rental or other real property held for investment, provide a complete address.			S goneramen	
For an ownership in state the name of the location in Block A.	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 (unless there w \$5,000 or less in, or income d Savings Plan.	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 indispouse (SP) or dependent chill optional column on the far left.	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.				
ΤΓ	CHECKING, FIRST NATIONAL BANK	\$15,001 - \$50,000	None	NONE	
	FEDERAL THRIFT SAVINGS PLAN	\$100,001 - \$250,000	None	NONE	
Sp.	JOHNSTOWN SCHOOL EMPLOLYEES CU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	JOHNSTOWN SCHOOLS EMPLOYEES CU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
မှု	METLIFE PAID UP INSURANCE	\$1,001 - \$15,000	None	NONE	
SP	METLIFE STOCK	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME 4 5 =SP 00 00 SP DC DC SP PLAN PA 529 COLLEGE SAVINGS PLAN **UNCASHED SAVINGS BONDS** BANK SAVINGS, FIRST NATIONAL SAVINGS, FIRST NATIONAL SAVINGS PLAN PENNSYLVANIA TEACHERS PA 529 COLLEGE SAVINGS **UNCASHED SAVINGS BONDS UNCASHED SAVINGS BONDS UNCASHED SAVINGS BONDS UNCASHED SAVINGS BONDS** \$15,001 -\$50,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$100,000 \$50,001 -\$50,000 \$15,001 -Name MARK S CRITZ None None None INTEREST INTEREST INTEREST INTEREST INTEREST INTEREST INTEREST NONE NONE NONE NONE NONE NONE NONE NONE \$1 - \$200 \$1 - \$200 Page 4 of 6

## **SCHEDULE V - LIABILITIES**

Name MARK S CRITZ

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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. NOTE: Pending legislation may require Members to report mortgates on 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 personal residences.

	<u> </u>	JT	DC,	SP,
	AMERISERY FINI	Creditor		
	OCT 2009	Incurred	Liability	Date
FREDERICK STREET, JOHNSTOWN, PA	MORTAGE ON 201	Type of Liability		
	\$50 001 - \$100 000	Amount of Liability		

## SCHEDULE VIII - POSITIONS

Name MARK S CRITZ

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honorary nature; and positions listed on Schedule I. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an

Treasurer	Position	
JOHNSTOWN OLDTIMERS BASEBALL ASSN (NON PROFIT - UNCOMPENSATED)	Name of Organization	