

**STEVE AUSTRIA**  
7TH DISTRICT, OHIO

**WASHINGTON OFFICE**  
439 Cannon House Office Building  
Washington, DC 20515

(202) 225-4324



**CONGRESS OF THE UNITED STATES**  
HOUSE OF REPRESENTATIVES

July 21, 2011

The Honorable Karen Haas  
Clerk of the U.S. House of Representatives  
U.S. Capitol, Room H154  
Washington, DC 20515-6601

Dear Ms. Haas,

This is in response to the letter I received from the Ethics Committee seeking clarification on certain items listed on schedule III of my 2010 Finance Disclosure (FD) report. To ensure complete accuracy and transparency, I am providing you a detailed response to those questions and an explanation of any changes to the amended report.

The 2010 FD report listed two mutual fund investment accounts, Columbia Large Core Quantitative Fund and Columbia Money Market Fund. Both of these accounts were previously listed on my 2009 FD report as RVS Large Cap Equity Fund and RVS Cash Management. These are the same accounts which simply changed names during 2010. Therefore, my amended report clarifies these name changes. As noted on my 2010 FD report, there were no transactions with either account.

In reviewing my 2009 and 2010 FDs, I also discovered that my 2009 FD listed RVS Cash Management and RVS New Dimensions as two separate accounts. This was incorrect because RVS New Dimension's name changed to RVS Cash Management in 2009, which resulted in the duplicative listing. My 2010 FD corrected this mistake and only listed RVS Cash Management (as Columbia Money Market Fund). Accordingly, my amended report clarifies this name change. As noted on my 2010 FD report, there were no transactions with this account.

The 2010 FD report included two insurance policies held with Riverside Life Insurance Company. The report failed to show that both these policies are whole life policies. My amended report includes these clarifications.

Finally, the 2009 FD report listed my retirement account from the Ohio state legislature on schedule IX. After consulting with your office, it is my understanding that I am only required to list a deferred benefit retirement plan on schedule III. I have chosen to go beyond that requirement and also included the account on schedule III of my 2010 FD report. This account is listed as the Ohio Public Employees Retirement System. Therefore, my amended report does not include any changes to my retirement account.

**SPRINGFIELD OFFICE**  
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Springfield, OH 45504-2544

(937) 325-0474

**COMMITTEE ON APPROPRIATIONS**  
SUBCOMMITTEE ON COMMERCE,  
JUSTICE, SCIENCE, AND RELATED AGENCIES

SUBCOMMITTEE ON MILITARY CONSTRUCTION,  
VETERANS AFFAIRS, AND RELATED AGENCIES

SUBCOMMITTEE ON STATE, FOREIGN  
OPERATIONS, AND RELATED PROGRAMS

**INSIDE MAIL**

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2011 JUL 21 PM 5:41

LEGISLATIVE RESOURCE CENTER

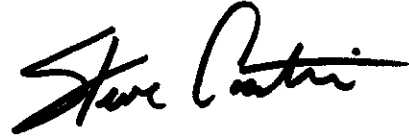
✓  
MC

**LANCASTER OFFICE**  
207 South Broad Street  
Lancaster, OH 43130-4307

(740) 654-5149

I hope this will help clarify these items and thank you for your cooperation with this matter. Should you have any further questions or need any additional information, please contact myself or my Chief of Staff, Ted Maness, at 202-225-4324.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Austria". The signature is fluid and cursive, with the first name "Steve" written in a larger, more prominent script than the last name "Austria".

Steve Austria  
Member of Congress

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A  
For use by Members, officers, and employees

**INSIDE MAIL**  
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U.S. HOUSE OF REPRESENTATIVES

Name: Steve Austria Daytime Telephone: 202.225.4324

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>OH</u> District: <u>7</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input type="checkbox"/> Annual (May 16, 2011)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

Name Steve Austria

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## Source

	Approved Teaching Fee	
Keene State		\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Civil War Roundtable (Oct. 2nd)	Spouse Salary	NA
Ontario County Board of Education		

EFA Solution, LLC (Spouse)	Spouse Salary-Consulting	NA
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**If only a portion of an asset is sold, please indicate as follows:**

**(S) (partial)**  
See below for example.

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 4 of 4

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset													BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP, DC, JT																															
	None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000								None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	
JT			X			X										X	X			X	X										
Huntington National Bank																															
Ohio Public Employees Retirement System (Deferred plan)																															
Previously reported on schedule IX																															
SP Riverside Life			X													X				X											
[Whole Life Policy]																															
Riverside Life			X													X				X											
[Whole Life Policy]																															
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Name Steve Austria

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**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 spouse or dependent child that is totally independent of his or her relationship to you.

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# SCHEDULE VIII—POSITIONS

Name

Steve Austria

Page 6 of 6

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 other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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

Position	Name of Organization

# SCHEDULE IX—AGREEMENTS

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 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.

Date	Parties To	Terms of Agreement
1999-Present	State of Ohio	Retirement Plan for Service in State of Ohio Legislature (PEES)