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HAND DELIVERED

(Full Name)

2022254261

2009 MAY 15 PM 5:40

(Daytime Telephone)

2009 MAY 15 PM 5:40
(Office Use Only)

me

RESOURCES CENTER

☐ Officer Or Employee ☐ Employing Office

☒ Annual (May 15)

Amendment

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

1. 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 ☒ No ☐

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

Yes ☐ No ☒

If yes, complete and attach Schedule I.

11. 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?

Yes ☐ No ☒

Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes, complete and attach Schedule II.

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

Yes ☒ No ☐

Did you hold any reportable positions on or before the date of filing in the
VIII. current calendar year?

Yes ☒ No ☐

If yes, complete and attach Schedule

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting

Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity?

Yes ☐ No ☒

If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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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 Standards of Official Conduct 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 ☒

Exemptions--

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 Standards of Official Conduct.

Yes ☐ No ☒

SCHEDULE I - EARNED INCOME

Name Robert Joseph Wittman

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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	Type	Amount
Virginia State Board of Health	Unused sick and annual leave	\$14,939.96
Westmoreland County Public Schools	Spouse Salary	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Robert Joseph Wittman

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full 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 value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>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 (JT), in the optional column on the far left.</p>		<p>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."</p>	<p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	American Funds	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
	Ariel Appreciation Fund	\$1,001 - \$15,000	CAPITAL GAINS	NONE	
	Bank of Lancaster Stock	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Great Western Deferred Comp Long Term Growth	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	
SP	National Western Life	\$15,001 - \$50,000	CAPITAL GAINS	\$201 - \$1,000	
JT	Peoples Bank Account, Montross, VA	\$15,001 - \$50,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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S&P 500 Index	\$1,001 - \$15,000	CAPITAL GAINS	NONE	
Thrift Savings Plan	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
VanGuard US Growth	\$1,001 - \$15,000	CAPITAL GAINS	NONE	

SCHEDULE V - LIABILITIES

Name Robert Joseph Wittman

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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 all or part of it is rented out); loans secured by automobiles, household 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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Virginia Credit Union	Unsecured Credit Line	\$10,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert Joseph Wittman

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, 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 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 sponsor. 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.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
American Shipbuilding Association	Dec. 1-2	Richmond-Naples	Y	Y	N	1 1/2 Day

SCHEDULE VIII - POSITIONS

Name Robert Joseph Wittman

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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 honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Bay Banks of Virginia (uncompensated)