

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.

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

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5 West North Street
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Springfield, OH 45504-2544

(937) 325-0474

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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 that reads "Steve Austria". The signature is written in a cursive style with a long horizontal flourish extending to the right.

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

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OFFICE OF THE CLERK
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

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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	
SP, DC, JT	None																													R S E
JT			X													X	X				X									
																		</												

