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UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES		FORM B For New Members, Candidates, and New Employees	2014 MAY 20 AM II: 18
Name: [Daylin Leach	Daytime Telephone:	ne:	U.S. HOUSE OF REPRESENTATIVES
FILER	New Member of or Candidate for State: Pent U.S. House of Representatives District: 13 Candidates - Date of Election: 11/4/14	Pennsylvania 13 4	Check if Amendment	(Office Use Only)
STATUS	New Officer or Employee Employing Office:		Period Covered: January 1, 2013 to May 15, 2014	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMI	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	OF THESE QUEST	IONS	
A. Did you, you a. Own any end of th b. Make mod asset duri	Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	X No	E. Did you hold any reportable positions during or in the current calendar year up through the	year up through the date of filing?
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	× × × × × × × × × × × × × × × × × × ×	F. Do you have any reportable agreements or arrangements with an outside entity?	or arrangements with Yes No X
D. Did you, you liability (more t	D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No X
	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU A INCLUDES ONLY THE SCHEDULES THAT YOU ARE F	סוכו	NSWER "YES" REQUIRED TO COMPLETE
EXCLUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	ST INFORMATION	- ANSWER BOTH OF THES	E QUESTIONS
TRUSTS ~ De this report deta	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 that benefits you, your spouse, or dependent child?	не on Ethics and certain other hild?	"excepted trusts" need not be disclosed. H	lave you excluded from Yes No X
tests for exemption?	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 tasks for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	l" income, transactions, or lial he Committee on Ethics	bilities of a spouse or dependent child becau	use they meet all three Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Daylin Leach

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Arlington Center Garage & Service Corp. Arlington, MA (Rental Property Activities)	Mirak Management Co. LLC, Arlington, MA (Rental Property Activitites)		275 Broadway, LLC, Arlington, MA (Rental Property Activitites)			Examples: Simon & Schuster	Mega Corp Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. For rental and other real property held for investment, provide a compiete address or description, e.g., rental property, and a city and state. For an ownership interest in a privately-held 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); and any financial interest in, or income derived from, a federal retirement program, including period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plantify you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(a) each asset held for investment or on of income and with a fair market value up \$1,000 at the end of the reporting period, any other reportable asset or source of which generated more than \$200 in ed income during the year. complete names of stocks and mutual funds use only ticker symbols).	Assets and/or income Sources	BLOCK A
×	×	×	×		×	Indefin/te	×	None > \$1,\$1,000 ∞ \$1,001-\$15,000 ○ \$15,001-\$50-000 □ \$50,001-\$100,000 m \$100,001-\$250,000 n \$250,001-\$500,000 ∞ \$500,001-\$1,000,000 ± \$1,000,001-\$5,000,000 ∞ \$25,000,001-\$50,000,000 ∞ \$25,000,001-\$50,000,000 ∞ \$25,000,001-\$50,000,000 ∞ Spouse/DC Asset over \$1,000,000* ±		indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.	Value of Asset	вгоск в
×	S-Corp Income	×	×		Partnership Income	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, the trax-theferred" column. Dividends, even if reinvested, must be disclosed as income for assets held in taxable accounts. Chack "None" if the asset generated no income during the reporting period.	Type of Income	вгоск с
×	×	×	×		× ×	×	×	\$100,001-\$1,000,000	Current Year Preceding Year	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all softer assets indicate the category of income by checking the appropriate box below. Dividends, interest, kand capital gains, even if reinivested, must be disclosed as income for assets held in taxable "accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest. "Column XII is for assets held by your spouse or dependent child in which you have no interest."	Amount of Income	BLOCK D
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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															Lincoln National Life Insurance Co. (Flexible Premium Adiustable Life)	ASSET NAME EIF		Assets and/or Income Sources	BLOCK A
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SCHEDULE C - EARNED INCOME

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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 reporting period. For both the filer and filer's 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.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Source (include date of receipt for honoraria) Type Current Year to Filing Preceding Year Source (include date of receipt for honoraria) Honorarium Source Source	Type Type Honorarium Spouse Salary Spouse Earnings Spouse Earnings	led at or above the "senior staff" rackary relationship) are totally prohibited and relationship are totally prohibited and re	ohibited for Members and senior staff. Amount Preceding Year \$500 \$176,000 \$1,000 \$1,000 N/A NA
Senate of Pennsylvania	Salary	\$35,005.15	\$83,819.42

SCHEDULE F ~ AGREEMENTS

Name:
Daylin Leach
Page 6 of 7

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: Daylin Leach Page

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