

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT

FORM B

For New Members, Candidates, and New Employees

Name: Brian A. Gordon Daytime Telephone: 1

FILER STATUS

☒ New Member of or Candidate for U.S. House of Representatives State: PA District: 2nd☐ Check if Amendment☐ New Officer or Employee Employing Office: _____Period Covered: January 1, 2014 to 12-19-15

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

(Office Use Only)

DEC 21 2015

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2015 DEC 29 PM 12:25

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. 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? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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 that benefits you, your spouse, or your 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 ☐

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **Brian A Gordon**

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																							
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																							
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		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	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	General Electric Co			X											X								X												X											
	Ishtar's Chimney Longscap			X											X								X												X											
	Capitol Schwab's				X													X																												
	Prudential Mutual																		X																											
	First Trust Savings				X																																									

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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: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,956. The 2015 limit is \$27,225. 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	Amount	
		Current Year to Filing	Preceding Year
Examples:	Honorarium	\$0	\$500
ABC Trade Association, Baltimore, MD (July 15)	Salary	\$20,000	\$76,000
State of Maryland	Spouse Speech	\$0	\$1,000
Civil War Roundtable (Oct. 2)	Spouse Salary	N/A	N/A
Ontario County Board of Education			
66220N + Ashworth, P.C. BULL CYNWYD, PA	SALARY	58,605	60,950
SOLICITOR TO THE GOBNER NARISTAWY, PA	SALARY	17,408	17,408
Lower Merion Township Commissioner	SALARY	3,000	4,000
Friends Central School, Wynnewood PA	SPOUSE SALARY	57,692	58,000

SCHEDULE F - AGREEMENTS

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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
	None	

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.

Source (Name and City/State)		Brief Description of Duties
Example	Doe Jones & Smith, Hometown, Homestate	Accounting Services
Father Bernard Sloyan Trust	Bethesda, MD	Trustee and Counsel to Trust / Attorney AT LAW
Thomas S Gordon, Washington	PA	Attorney / Power of Attorney
Sally L. Snyder	Wagonsville, PA	Co-Power of Attorney.
Gordon & Ashworth, P.C.	Bethesda, MD	Business Law Firm
Kates Gordon (Partnership)	PA	Co-manage real estate w/ Bullois
Insigman, LLC	Norbert PA 19072	Attorney AT LAW
Tucker Toys Intl, LLC	Norbert PA	Attorney AT LAW

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SCHEDULE D - LIABILITIES

Name: **Brian A. Gordon**

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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 your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$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	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
JT	QUICKEN LOANS	5/2013	602 11 Ave N, Naples FL mortgage on rental prop				X							
JT	WORLD MATEER CARD	11-2012	credit card	X										
JT	UNITED MILEAGE PLUS	4-2011	credit card	X										
JT	BANK OF OKLAHOMA, NE	11-12-1993	243 Pine street mortgage on rental prop			X								
JT	FIRSTTRUST	8-20-13		X										

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Township Commissioner	Lower Merion Township, 75E Lancaster Ave Ardmore PA
Ex-officio Board Member	City of the Special Services District, BETH CUNYWD PT-19004
Solicitor to the Coroner	WALTER I Hofman, Bower Ave, Merion Station PA-19066
Partner to nonattorney	KATTS - Gordon Partnership, MEADOWS AVE, ELKINS PARK, PA
Owner - President	Gordon & Ashworth, 20 Belmont Ave, SKETCHES BETH CUNYWD PT-19004