#### 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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY 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 that benefits you, your spouse, or dependent child? IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? exchange any securities or reportable real estate in a transaction 2013 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period? exceeding \$1,000 during the reporting period? Name: REPORT TYPE end of the reporting period? <u>or</u> b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the FILER STATUS asset during the reporting period? Jim Gerlach × 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for District: 06 State PA Yes Yes Ύes Yes Ύes × × Daytime Telephone: × × Amendment 중 중 Š Š Š For Use by Members, Officers, and Employees × G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" eporting period? 202-225-4315 Form A Employee Officer or Employing Office: Termination Date: (I.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2014 MAY -8 PM 12: 57 (Office Use Only) Yes Yes Yes AND Page 1 of 9 Ύes Ύes Yes Yes Š Š Š Š Š 공 Ş × × $\bowtie$ ×

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									Vanguard Life Stategy Moderate Growth	Vanguard Balanced Index Fund	Vanguard 500 Index Fund	State Deferred Compensation Program- State Index Fund	State Deferred Compensation Program- Extended Market Fund	State Deferred Compensation Program- Enhanced Tactical Fund	Congressional Federal Credit Union	ASSET NAME	>		BLOCK A Asset and/or Income Source	SCHEDULE A - ASSETS & "UNEAKNED INCOME"
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		_			$\vdash$		Ι_					_	_				\$190,001-\$250,000	F	BLOCK B Value of Asset	5
				_		_	_										\$250,001-\$500,000	G.	BLOCK B	ָּהָ בַּ
			Γ												i		\$500,001-\$1,000,000	Ξ	sse B	3
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Ö					1												\$25,000,001-\$50,000,000	×		
																	Over \$50,000,000	7		
									L								Spouse/DC Asset over \$1,000,000*	Z		
																	NONE			Z
									X	X	х	ĸ	Х	х			DIVIDENDS			Name:
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															~		INTEREST		Typ_	Bi
																	CAPITAL GAINS		<b>9</b> 0	ନ
														l			EXCEPTED/BLIND TRUST		BLOCK C	Jim Gerlach
																	TAX-DEFERRED	1	BLOCK C	무
			   			<del> </del>	   										Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		·	
				Ī	Γ												None	*		
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																	\$100,001-\$1,000,000	፟፟ቖ	rō 1	Page
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																	Over \$5,000,000	×		[]
																	Spouse/DC Asset with Income over \$1,000,000°	¥		으
																	P. S. S(part), or E		BLOCK E Transaction	9

### SCHEDULE B - TRANSACTIONS

Name: Jim Gerlach Page 3 of 9

													N/A	SP Example Mega Corp. Stock	SP, DC, JT Asset	provinces or sets of your personal resource, ursess it generated fental income. It only a portion of an asset it sold, please choses "partial sele" as the type of transaction.  Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.  * Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income, include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you your spouse or your
																Purchase		1
																Sale		ype of
								j 						 ×		Partial Sale		Type of Transaction
		_		_		_								-		Exchange		tion
$\vdash$														×		Check Box if Capital G	ain	<u> </u>
-		_														Exceeded \$200		
														35/13		Monthly, or Bi- weakly, if applicable		Date
																\$1,001- \$15,000	>	
														×		\$15,001- \$50,000	8	
																\$50,001- \$100,000	c	]   
																\$100,001- \$250,000	0	Ą
																\$250,001- \$500,000	т	Amount of
										-						\$500,001- \$1,000,000	П	of Trai
																\$1,000,001- \$5,000,000	6	Transaction
																\$5,000,001- \$25,000,000	I.	ă
																\$25,000,001- \$50,000,000	-	
									]							Over \$50,000,000	٢	
																Over \$1,000,000* (Spouse/DC Asset)	×	

## SCHEDULE C - EARNED INCOME

Name: Jim Gerlach Page 4 of 9

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	List the source, type, and amount of eamed 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 a spouse, list the source and amount of any honoraria; list only the source for other spouse eamed income exceeding \$1,000. See examples below.	
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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. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	nsated at or above the "senior staff" rate totally prohibited.	te was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Legislative Pension Spouse Speech	\$18,000 \$1,000
Ontario County Board of Education	Spouse Salary	N/A
Pennsylvania State Employees Retirement System	Legislative Pension	\$15,400
Pennsylvania Leadership Charter School	Spouse Salary	N/A

#### SCHEDULE D - LIABILITIES

	Name: Jim Gerlach	
	Page 5 of 9	
1		

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. 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 liabile); 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 reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT  Example  Citadel  Wright I	
Example Citade Wright	
Creditor  Creditor  Creditor  Creditor  Curre MO/YI  First Bank of Wilmington, DE  5/98  Citadel Federal Credit Union  Wright Patman Congressional Federal Credit Union  May 2011	
Type of Liability  Mortgage on Rantal Property, Dover, DE  Mortgage on Personal Residence- Chester Springs, PA  Home Equity Loan	
\$10,001- \$15,000 >	
\$15,001- \$50,000	
\$50,001- \$100,000	
× \$100,001- \$250,000	
\$250,001- \$500,000	moun
\$500,001- \$1,000,000	Amount of Liability
\$1,000,001- \$5,000,000	ability
\$5,000,001- \$25,000,000 ==	
\$25,000,001- \$50,000,000	
Over \$50,000,000 -	
Over \$1,000,000* (Spouse/DC Liability)	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior 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, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entitles (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Director	Brandywine Transitional Corporation

### SCHEDULE F - AGREEMENTS

Name: Jim Gerlach	
Page <u>6</u> of <u>9</u>	

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
201 <b>3</b>	Jim Gerlach and the Commonwealth of Pennsylvania	Legislative Retirement Health Coverage Benefit Plan
201 <b>3</b>	Jim Gerlach and the Commonwealth of Pennsylvania	Legislative Pension

#### SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
N/A			

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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	Name: Jim Gerlach	
	Page 7 of 9	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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 (FGDA, 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 the filer.

	Source	Date(s)	City of Departure – Destination City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	γ	*	Z
cxampies:	Habilat for Humanily (charity fundraiser)	Mar. 3-4	DC-Boston-DC	۲	~	Υ
N/A						
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# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Jim Gerlach Name:
Page 8 of 9

	Talle.	raye	9
ist the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A sparate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	onsor of an event to a charitable organ	nization in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb, 2, 2013	\$2,000
	Article	Aug. 13, 2013	\$500
J/A			

#### FILER (Optic

Name: Jim Gerlach
Name: Jim Gerlach

							NOTE NUMBER
						2013 FD is same as 2012 FD with adjustments to amound of "unearned" income; No longer Director, Brandywine Health Foundation	NOTES