

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2012 - April 15, 2013

APR 22 2013

LEGISLATIVE RESOURCE CENTER

2013 MAY -2 PM 4:45

U.S. House (Office Use-Only) LIMITED

Name: Ronald Allen Leach

Daytime Telephone: 910-391-3702

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>Kentucky</u> District: <u>2nd</u>	Date of Election: <u>20 MAY 21 14</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in blue or black ink.

## 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"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. 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 II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. 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 III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	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 a 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 I — EARNED INCOME (INCLUDING HONORARIA)

Name **Ronald Allen Leach**

Page **1** of **1**

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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. See examples below.

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
US Army, Active Duty Military	Salary	0	\$93,474.62
Military Retirement Pay	retirement Pay	\$13,076	\$7448.84
US Army, Active Duty Military	Spouse Salary	N/A	N/A
Nothing Follows			
		BAC	

a Employee's social security number [REDACTED]		OMB No. 1545-0008					
b Employer identification number 00-0		d Control number		1 Wages, tips, other compensation 93097.30		2 Federal income tax withheld 19474.62	
c Employer's name, address, and ZIP code DFAS ATTN:DFASIN/JAMBF 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410				3 Social security wages 69777.60		4 Social security tax withheld 2930.66	
				5 Medicare wages and tips 69777.60		6 Medicare tax withheld 1011.78	
				7 Social security tips		8 Allocated tips	
e Employee's name, address, and ZIP code RONALD A LEACH 62 MERION COURT BRANDENBURG KY 40108-7102				9 Advance EIC payment		10 Dependent care benefits	
				12 See instructions for box 12 Q 7724.50		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third party sick pay			
15 State KY	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement **2012**

Department of the Treasury - Internal Revenue Service  
Copy B To Be Filed With Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service

a Employee's social security number [REDACTED]		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b Employer identification number		d Control number		1 Wages, tips, other compensation 93097.30		2 Federal income tax withheld 19474.62	
c Employer's name, address, and ZIP code DFAS ATTN:DFASIN/JAMBF 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410				3 Social security wages 69777.60		4 Social security tax withheld 2930.66	
				5 Medicare wages and tips 69777.60		6 Medicare tax withheld 1011.78	
				7 Social security tips		8 Allocated tips	
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				12 See instructions for box 12 Q 7724.50		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third party sick pay			
15 State KY	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
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Form **W-2** Wage and Tax Statement **2012**

Department of the Treasury - Internal Revenue Service  
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

**RETIREE ACCOUNT STATEMENT**STATEMENT EFFECTIVE DATE  
MAR 21, 2013NEW PAY DUE AS OF  
APR 01, 2013

SSN

PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES

MAJ RONALD A LEACH USA RET

BRANDENBURG KY 40108-7102

**DFAS-CL POINTS OF CONTACT**DEFENSE FINANCE AND ACCOUNTING SERVICE  
US MILITARY RETIREMENT PAY  
PO BOX 7130  
LONDON KY 40742-7130COMMERCIAL (216) 522-5955  
TOLL FREE 1-800-321-1080  
TOLL FREE FAX 1-800-469-6559myPay  
<https://myPay.dfas.mil>**PAY ITEM DESCRIPTION**

ITEM	OLD	NEW	ITEM	OLD	NEW
GROSS PAY	.00	3,736.00	FITW	.00	331.76
SBP COSTS	.00	11.58	ALLOTMENTS/BONDS	.00	805.00
TAXABLE INCOME	.00	3,724.42			
			NET PAY	.00	2,587.66

**PAYMENT ADDRESS**

DIRECT DEPOSIT

**YEAR TO DATE SUMMARY (FOR INFORMATION ONLY)**TAXABLE INCOME: 11,173.26  
FEDERAL INCOME TAX WITHHELD: 995.28**TAXES**FEDERAL WITHHOLDING STATUS: MARRIED  
TOTAL EXEMPTIONS: 01  
FEDERAL INCOME TAX WITHHELD: 331.76**SURVIVOR BENEFIT PLAN (SBP) COVERAGE**SBP COVERAGE TYPE: CHILD(REN) ONLY ANNUITY BASE AMOUNT: 3,736.00  
CHILD COST: 11.58

CHILD DOB: JUL 13, 2000

THE ANNUITY PAYABLE IS 55% OF YOUR ANNUITY BASE AMOUNT WHICH IS 2,054.80  
YOU HAVE PAID 5 MONTHS TOWARD YOUR 360 MONTHS OF PAID UP RC/SBP COVERAGE. ONCE YOU  
HAVE PAID AT LEAST 360 MONTHS TOWARD YOUR COVERAGE AND TURN AGE 70, YOUR COSTS WILL BE  
TERMINATED BUT YOUR COVERAGE WILL REMAIN ACTIVE.

☐ CORRECTED (if checked)

12/ 11/ 2012

<b>PAYER'S name, street address, city, state, and ZIP code</b> Defense Finance and Accounting Service US Military Retirement Pay PO Box 7130 London, KY 40742-7130	<b>1 Gross distribution</b> \$ 7448.84	<b>OMB No. 1545-0119</b>  <b>2012</b>	<b>Distribution From</b> Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	<b>2a Taxable amount</b> \$ 7448.84		
<b>PAYER'S Federal identification number</b> [REDACTED]	<b>RECIPIENT'S identification number</b> [REDACTED]	<b>2b</b> <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution	
<b>RECIPIENT'S name, address, and ZIP code</b> RONALD A LEACH 62 MERION COURT  BRANDENBURG KY 40108-7102	<b>4 Federal Income tax withheld</b> \$ 674.82	<b>7 Distribution code</b> 7	
	<b>9 Your percentage of total distribution</b> %		
	<b>10 State income tax withheld</b> \$ 0.00	<b>11 State/Payer's state number</b>	
	\$ 0.00		
	<b>RETIRE</b>	<b>01012012-12312012</b>	

Form 1099-R

(8-99)

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

12/ 11/ 2012

<b>PAYER'S name, street address, city, state, and ZIP code</b> Defense Finance and Accounting Service US Military Retirement Pay PO Box 7130 London, KY 40742-7130	<b>1 Gross distribution</b> \$ 7448.84	<b>OMB No. 1545-0119</b>  <b>2012</b>	<b>Distribution From</b> Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	<b>2a Taxable amount</b> \$ 7448.84		
<b>PAYER'S Federal identification number</b> [REDACTED]	<b>RECIPIENT'S identification number</b> [REDACTED]	<b>2b</b> <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution	
<b>RECIPIENT'S name, address, and ZIP code</b> RONALD A LEACH 62 MERION COURT  BRANDENBURG KY 40108-7102	<b>4 Federal Income tax withheld</b> \$ 674.82	<b>7 Distribution code</b> 7	
	<b>9 Your percentage of total distribution</b> %		
	<b>10 State income tax withheld</b> \$ 0.00	<b>11 State/Payer's state number</b>	
	\$ 0.00		
	<b>RETIRE</b>	<b>01012012-12312012</b>	

Form 1099-R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

12/ 11/ 2012

<b>PAYER'S name, street address, city, state, and ZIP code</b> Defense Finance and Accounting Service US Military Retirement Pay PO Box 7130 London, KY 40742-7130	<b>1 Gross distribution</b> \$ 7448.84	<b>OMB No. 1545-0119</b>  <b>2012</b>	<b>Distribution From</b> Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	<b>2a Taxable amount</b> \$ 7448.84		
<b>PAYER'S Federal identification number</b> [REDACTED]	<b>RECIPIENT'S identification number</b> [REDACTED]	<b>2b</b> <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution	
<b>RECIPIENT'S name, address, and ZIP code</b> RONALD A LEACH 62 MERION COURT  BRANDENBURG KY 40108-7102	<b>4 Federal Income tax withheld</b> \$ 674.82	<b>7 Distribution code</b> 7	
	<b>9 Your percentage of total distribution</b> %		
	<b>10 State income tax withheld</b> \$ 0.00	<b>11 State/Payer's state number</b>	
	\$ 0.00		
	<b>RETIRE</b>	<b>01012012-12312012</b>	

Form 1099-R

Department of the Treasury - Internal Revenue Service

**RETIRED SERVICEMAN FAMILY PROTECTION PLAN (RSFPP) COVERAGE**

RSFPP COVERAGE	ANNUITY PAYABLE	RSFPP COST
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**ALLOTMENTS AND BONDS**

ALLOTMENT TYPE	PAYEE	AMOUNT	BOND FACE VALUE	SERIES	DEDUCTION
MISC DISCRETIONARY	MEADE COUNTY BANK	805.00			

**TAX LEVY DEDUCTIONS**

DATE OF LEVY	MONTHLY AMOUNT	BALANCE
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**GARNISHMENT DEDUCTIONS**

PAYEE	GARNISHMENT AMOUNT	COMPLETION DATE
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**FORMER SPOUSE PROTECTION ACT DEDUCTIONS**

PAYEE	AMOUNT
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**MISCELLANEOUS DEBTS**

DEBT TYPE	MONTHLY DEDUCTION	PRINCIPAL AMOUNT	INTEREST AMOUNT	ACCUMULATED INTEREST	DEBT BALANCE
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**ARREARS OF PAY BENEFICIARY INFORMATION**

THE FOLLOWING BENEFICIARIES ARE ON RECORD:

NAME	SHARE	RELATIONSHIP
LONGENECKER KELLY J	100.00	WIFE

**MESSAGE SECTION**

THIS IS YOUR MONTHLY RETIREE ACCOUNT STATEMENT. IT SUMMARIZES THE STATE OF YOUR ACCOUNT AS OF THE DATE SHOWN. PLEASE REVIEW YOUR ADDRESS, BANKING, BENEFICIARY, PAY AND ALLOTMENT INFORMATION REGULARLY. FOR MORE INFORMATION ABOUT RETIRED PAY GO TO <http://www.dfas.mil/dfas/retiredmilitary.htm>

**RETIREE ACCOUNT STATEMENT**STATEMENT EFFECTIVE DATE  
FEB 20, 2013NEW PAY DUE AS OF  
MAR 01, 2013

SSN

PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES

MAJ RONALD A LFACH USA RET

BRANDENBURG KY 40108-7102

**DFAS-CL POINTS OF CONTACT**DEFENSE FINANCE AND ACCOUNTING SERVICE  
US MILITARY RETIREMENT PAY  
PO BOX 7130  
LONDON KY 40742-7130COMMERCIAL (216) 522-5955  
TOLL FREE 1-800-321-1080  
TOLL FREE FAX 1-800-469-6559myPay  
<https://myPay.dfas.mil>**PAY ITEM DESCRIPTION**

ITEM	OLD	NEW	ITEM	OLD	NEW
GROSS PAY	.00	3,736.00	FITW	.00	331.76
SBP COSTS	.00	11.58	ALLOTMENTS/BONDS	.00	805.00
TAXABLE INCOME	.00	3,724.42			
			NET PAY	.00	2,587.66

**PAYMENT ADDRESS**

DIRECT DEPOSIT

**YEAR TO DATE SUMMARY (FOR INFORMATION ONLY)**TAXABLE INCOME: 7,448.84  
FEDERAL INCOME TAX WITHHELD: 663.52**TAXES**FEDERAL WITHHOLDING STATUS: MARRIED  
TOTAL EXEMPTIONS: 01  
FEDERAL INCOME TAX WITHHELD: 331.76**SURVIVOR BENEFIT PLAN (SBP) COVERAGE**SBP COVERAGE TYPE: CHILD(REN) ONLY ANNUITY BASE AMOUNT: 3,736.00  
CHILD COST: 11.58

CHILD DOB: JUL 13, 2000

THE ANNUITY PAYABLE IS 55% OF YOUR ANNUITY BASE AMOUNT WHICH IS 2,054.80  
YOU HAVE PAID 4 MONTHS TOWARD YOUR 360 MONTHS OF PAID UP RC/SBP COVERAGE. ONCE YOU  
HAVE PAID AT LEAST 360 MONTHS TOWARD YOUR COVERAGE AND TURN AGE 70, YOUR COSTS WILL BE  
TERMINATED BUT YOUR COVERAGE WILL REMAIN ACTIVE.

<b>RETIRED SERVICEMAN FAMILY PROTECTION PLAN (RSFPP) COVERAGE</b>					
RSFPP COVERAGE	ANNUITY PAYABLE	RSFPP COST			
<b>ALLOTMENTS AND BONDS</b>					
ALLOTMENT TYPE	PAYEE	AMOUNT	BOND FACE VALUE	SERIES	DEDUCTION
MISC DISCRETIONARY	MEADE COUNTY BANK	805.00			
<b>TAX LEVY DEDUCTIONS</b>					
DATE OF LEVY	MONTHLY AMOUNT	BALANCE			
<b>GARNISHMENT DEDUCTIONS</b>					
PAYEE	GARNISHMENT AMOUNT	COMPLETION DATE			
<b>FORMER SPOUSE PROTECTION ACT DEDUCTIONS</b>					
PAYEE	AMOUNT				
<b>MISCELLANEOUS DEBTS</b>					
DEBT TYPE	MONTHLY DEDUCTION	PRINCIPAL AMOUNT	INTEREST AMOUNT	ACCUMULATED INTEREST	DEBT BALANCE
<b>ARREARS OF PAY BENEFICIARY INFORMATION</b>					
THE FOLLOWING BENEFICIARIES ARE ON RECORD:					
NAME	SHARE	RELATIONSHIP			
LONGENECKER KELLY J	100.00	WIFE			
<b>MESSAGE SECTION</b>					
<p>THIS IS YOUR MONTHLY RETIREE ACCOUNT STATEMENT. IT SUMMARIZES THE STATE OF YOUR ACCOUNT AS OF THE DATE SHOWN. PLEASE REVIEW YOUR ADDRESS, BANKING, BENEFICIARY, PAY AND ALLOTMENT INFORMATION REGULARLY. FOR MORE INFORMATION ABOUT RETIRED PAY GO TO <a href="http://www.dfas.mil/dfas/retiredmilitary.htm">http://www.dfas.mil/dfas/retiredmilitary.htm</a></p>					



**RETIREE ACCOUNT STATEMENT**STATEMENT EFFECTIVE DATE  
JAN 23, 2013NEW PAY DUE AS OF  
FEB 01, 2013

SSN

PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES

MAJ RONALD A LEACH USA RET

BRANDENBURG KY 40108-7102

**DFAS-CL POINTS OF CONTACT**DEFENSE FINANCE AND ACCOUNTING SERVICE  
US MILITARY RETIREMENT PAY  
PO BOX 7130  
LONDON KY 40742-7130COMMERCIAL (216) 522-5955  
TOLL FREE 1-800-321-1080  
TOLL FREE FAX 1-800-469-6559myPay  
<https://myPay.dfas.mil>**PAY ITEM DESCRIPTION**

ITEM	OLD	NEW	ITEM	OLD	NEW
GROSS PAY	.00	3,736.00	FITW	.00	331.76
SBP COSTS	.00	11.58	ALLOTMENTS/BONDS	.00	805.00
TAXABLE INCOME	.00	3,724.42			
			NET PAY	.00	2,587.66

**PAYMENT ADDRESS**

DIRECT DEPOSIT

**YEAR TO DATE SUMMARY (FOR INFORMATION ONLY)**TAXABLE INCOME: 3,724.42  
FEDERAL INCOME TAX WITHHELD: 331.76**TAXES**FEDERAL WITHHOLDING STATUS: MARRIED  
TOTAL EXEMPTIONS: 01  
FEDERAL INCOME TAX WITHHELD: 331.76**SURVIVOR BENEFIT PLAN (SBP) COVERAGE**SBP COVERAGE TYPE: CHILD(REN) ONLY ANNUITY BASE AMOUNT: 3,736.00  
CHILD COST: 11.58

CHILD DOB: JUL 13, 2000

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YOU HAVE PAID 3 MONTHS TOWARD YOUR 360 MONTHS OF PAID UP RC/SBP COVERAGE. ONCE YOU  
HAVE PAID AT LEAST 360 MONTHS TOWARD YOUR COVERAGE AND TURN AGE 70, YOUR COSTS WILL BE  
TERMINATED BUT YOUR COVERAGE WILL REMAIN ACTIVE.

**RETIRED SERVICEMAN FAMILY PROTECTION PLAN (RSFPP) COVERAGE**

RSFPP COVERAGE	ANNUITY PAYABLE	RSFPP COST
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**ALLOTMENTS AND BONDS**

ALLOTMENT TYPE	PAYEE	AMOUNT	BOND FACE VALUE	SERIES	DEDUCTION
MISC DISCRETIONARY	MEADE COUNTY BANK	805.00			

**TAX LEVY DEDUCTIONS**

DATE OF LEVY	MONTHLY AMOUNT	BALANCE
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**GARNISHMENT DEDUCTIONS**

PAYEE	GARNISHMENT AMOUNT	COMPLETION DATE
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**FORMER SPOUSE PROTECTION ACT DEDUCTIONS**

PAYEE	AMOUNT
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**MISCELLANEOUS DEBTS**

DEBT TYPE	MONTHLY DEDUCTION	PRINCIPAL AMOUNT	INTEREST AMOUNT	ACCUMULATED INTEREST	DEBT BALANCE
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**ARREARS OF PAY BENEFICIARY INFORMATION**

THE FOLLOWING BENEFICIARIES ARE ON RECORD:

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