le positions on or before the date r year or in the prior two years? Schedule IV. Schedule V. Schedule V. Schedule V. Schedule V. Schedule V. Schedule V. Attached for each "Yes" response. ER EACH OF THESE QUESTIONS ad trusts" need not be Yes No X	rold any reportable current calenda siete and attach ave any reportable entity? siete and attach siete and attach siete and attach con in the two priciplete and attach siete and attach and other "excepte a dependent chi	YER EACH OF T Yes X No Yes X No Yes	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? 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? III. Did you, your spouse, or a dependent child neve any reportable seek worth more than \$1,000 at the end of the period? III. Did you, your spouse, or a dependent child have any reportable seek worth more than \$1,000 at the end of the period? III. Did you, your spouse, or a dependent child have any reportable greenment or arrange with an outside entity? If yes, complete and attach Schedule IV. III. Did you, your spouse, or a dependent child have any reportable agreement or arrange with an outside entity? If yes, complete and attach Schedule IV. III. Did you, your spouse, or a dependent child have any reportable agreement or arrange with an outside entity? If yes, complete and attach Schedule IV. III. Did you, your spouse, or a dependent child have any reportable agreement or arrange with a stach Schedule IV. III. Did you, your spouse, or a dependent child have any reportable agreement or arrange with a stach Schedule IV. III. Did you, your spouse, or a dependent child nave any reportable agreement or arrange with yes, complete and attach Schedule IV. III. Did you have any reportable agreement or arrange with yes, complete and attach Schedule IV. III. Did you, your spouse, or a dependent of more than \$5.00 at files, complete and attach Schedule IV. III. Did you receive compensation of more than \$5.00 at his prior years? If yes, complete and attach Schedule IV. III. Did you outside any reportable agreement or arrange files, complete and attach Schedule IV. III. Did you receive and attach Schedule IV.
Yes X Yes	nold any reportable current calenda slete and attach ave any reportable entity? slete and attach ce in the two priciplete and attach slete and	YER EACH OF I	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. 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. 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. Each question in this part must Each question in this part must
Yes X		Yes X No Yes X No Yes No	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. 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 II. 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. Each question in this part must
Yes X	IV. Did you hold any reportable positions of filing in the current calendar year or in the figure of the complete and attach Schedule IV. V. Did you have any reportable agreement with an outside entity? If yes, complete and attach Schedule V. VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule V.	YER EACH OF I	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. 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. 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 X	IV. Did you hold any reportable positions of filing in the current calendar year or in the figure of the complete and attach Schedule IV. Did you have any reportable agreement with an outside entity? If yes, complete and attach Schedule V.	YER EACH OF The Yes X No.	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. 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	IV. Did you hold any reportable positions of filing in the current calendar year or in the current calendar year.	VER EACH OF 1	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.
	HESE QUESTIONS	VER EACH OF T	
		r	PRELIMINARY INFORMATION — ANSW
nent against any individual who files more than 30 days late.	Date of 11/4/14 Check if Amendment	Pennsylvania13	Filer Candidate for the State: _Pennsy
U.S. HOUSE AND ALL ADDRESS OF A COffice Use Only)	Daytime Telephone:	Da	Name: Daylin Leach
	FORM B For use by candidates and new employees	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - May 15, 2012

SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

Name Daylin Leach

Page 2 01

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.

Exclude: Military pay (such as National Guard or Heserve pay), rederal retirement programs, and benefit	ement programs, and benefits re	its received under the Social Security Act.	Security Act.
Course (include date of receipt for honoraria)	Type	Amount	unt
Course (include date of receipt for frontieralist)	- y t d	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
τ	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
Bryn Mawr College, Bryn Mawr, PA	Spouse Earnings	NA	NA
John Mirak Foundation, Arlington, MA	Spouse Earnings	NA	NA
Senate of Pennsylvania	Salary	\$35,587.62	\$85,037.35
			-

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Daylin Leach

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SP	SP	SP	S P	SP	D SP	្ន	DÇ,	SP,	ing acc derify income in the please	in X	hat For	reg For	Por do	repure Pro			U
Pfizer	Fannie Mae	Arlington Center Garage & Service Corp. Arlington, MA (Rental Property Activitites)	Mirak Management Co, LLC, Arlington, MA (Rental Property Activities)	Mirak, LLC, Arlington, MA (Rental Property Activitites)	275 Broadway, LLC, Arlington, MA (Rental Property Activities)		Examples:	SP Mega Corp. Stock	incomes during the reporting period); any deposits total- ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thriff Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depen- dent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	(do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds	Asset and/or Income Source	BLOCK A	
			×		Ţ	ļ			None		>	*This column is for assets solely he by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the report-			τ
- 52	.			ļ	—-		-	_	\$1 - \$1,000			*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the report			C
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\neg			<u>5</u> φ		┼		8		Other Type of Income			Ä	"lax-Leerned column. Dwidends, interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" fithe asset generated no income if the asset generated no income	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the	Ħ		
			S-Corp				Royalties		(Specify: e.g., Partnership Income or Farm Inc	come)		ome	K E E E			
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		×							\$100,001 - \$1,000,000	VII VII X	Current Year		* This column is for incom- spouse or dependent child.	assets for which you ch k the "None" column. For me by checking the app capital gains, even me. Check "None" if no	-		
				<u> </u>	<u> </u>	Ī			\$1,000,001 - \$5,000,000	×	□ `		₫ ž	공 희 (주	3		
			† · · · ·		_	T			Over \$5,000,000	×			ŏ	ec. Propra	2	_ I	
			<u> </u>			Ī			Spouse/DC Income over \$1,000,000*	×			Ψ'n	prie Ged	₽	Ĕ	
	×				×				None		T	1	 This column is for income derived from assets solely held by your spouse or dependent child. 	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Amount of Income	BLOCK D	ĺ
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				T	<u> </u>	T			Spouse/DC Income over \$1,000,000*	 ¥		1	Ĕ	nay y of as			-
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Daylin Leach

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Continu	Continuation Sheet (if needed)			Name DayIII LoaoII
3	BLOCK A	вгоск в	вгоск с	
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP,		A B C D E F G H J K L	00° ≤	Current Year
} ,5		0 0 000 0,000 0,000	TRUST	
D _C		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 - \$1,000,00 \$1,000,001 - \$5,000,00 \$5,000,001 - \$25,000 \$25,000,001 - \$60,000 Over \$50,000,000	Spouse/DC Asset over NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TO TAX-DEFERRED Other Type of Income Partnership Income or	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000
SP	Citi Group	×	×	×
ŞP	General Electric	×	×	x
SP	American Capital World Growth Fund	×	×	×
ŞP	American Growth Fund	×	×	×
dS	First Energy	×	×	×
DC1	Merril Lynch 529	×	×	×
DC2	PA Treasury 529	×	×	×
L.	Wells Fargo Checking	×	×	×
SP	Wells Fargo Checking	×	×	×
DC1	Wells Fargo Savings	×	×	×
DC2	Wells Fargo Savings	×	×	×
SP	Exxon Mobil	×	×	×
	Bank of America Checking	×	×	×
	Pennsylvania State Employee Retirement System	×	×	×

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Daylin Leach

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X \$15,001 - \$50,001 \$50,001 - \$100,01 - \$250 \$100,001 - \$250 \$250,001 - \$500 \$250,001 - \$500 \$500,001 - \$1,00 \$1,000,001 - \$2,00 \$25,000,000 \$25,000,000	DC JT, SP,	Continuation Sheet (if needed) BLOCK A Asset and/or Income Source SP, JT, DC	v	,000	over \$1,000,000* ≤	ID TRUST		Current Year
Lincoin National Life Insurance Company X X X X X X X X X X X X X	JT,		\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000	\$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	Spouse/DC Asset over \$1,000,0 NONE DIVIDENDS RENT		\$1 - \$200 =	\$1,001 - \$2,500
		incoln National Life Insurance Company Flexible Premium Adjustable Life)	×		×		×	
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SCHEDULE III — LIABILITIES

Name Daylin Leach

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

				7 Ç Ş
			Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
	The property of the second sec		Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000
	 			\$15,001— \$50,000 *** \$50,001—
			L	\$100,000 O
		<u> </u>	ľ	\$250,000
		\vdash	-	\$500,000 m \$500,001— \$1,000,000 m \$1,000,001— \$5,000,001— \$5,000,001— \$25,000,000 m
			-	\$1,000,001— S \$5,000,000 Ω
			T	\$5,000,001— \$25,000,000 =
				\$25,000,001— \$50,000,000
				Over \$50,000,000
				Spouse/DC Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of an incholary hatarc.	MAIN C.
Position	Name of Organization
Board Member	The Bryn Mawr Film Institute
Member	The Pennsylvania Commission on Sentencing
Member	The Pennsylvania Employee Retirement Commission
Chairman	The Norristown Farm Park Advisory Board

SCHEDULE V -- AGREEMENTS

Name	
Daylin I	
Leach	
Page Z of Z	
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1	

Identify the date, parties to, and general terms of any agreement or arrangement 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.

ent plan manne	on pan mananed by a former employer.	
Date	Parties To	Terms of Agreement

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services

GPO: 2013

78-995 (mac)