

**HAND
DELIVERED**

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A

For use by Members, officers, and employees

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Jim Gerlach

(Full Name)

610-594-1415

(Daytime Telephone)

Filer ☒ Member of the U.S. House of Representatives

State: PA District: 06

Officer Or Employee

Employing Office:

Report Type ☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

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

2010 JUL 30 PM 2:29
Office Use Only

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"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. 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 V.	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 Standards of Official Conduct 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 dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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 Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Jim Gerlach

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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 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.

Source	Type	Amount
Pennsylvania State Employees Retirement System	Legislative Pension	\$15,400
Pennsylvania Leadership Charter School	Spouse Salary	N/A
Pennsylvania Department of Labor and Industry	Spouse UC Benefits	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jim Gerlach

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BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
<p>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 assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.</p>				
<p>Congressional Federal Credit Union</p>	<p>\$15,001 - \$50,000</p>	<p>INTEREST</p>	<p>\$1 - \$200</p>	
<p>State Deferred Compensation Program - Enhanced Tactical Fund</p>	<p>\$1,001 - \$15,000</p>	<p>DIVIDENDS</p>	<p>\$1 - \$200</p>	
<p>State Deferred Compensation Program - Extended Market Fund</p>	<p>\$1,001 - \$15,000</p>	<p>DIVIDENDS</p>	<p>\$1 - \$200</p>	
<p>State Deferred Compensation Program - State Index Fund</p>	<p>\$1,001 - \$15,000</p>	<p>DIVIDENDS</p>	<p>\$1 - \$200</p>	
<p>Vanguard 500 Index Fund</p>	<p>\$15,001 - \$50,000</p>	<p>DIVIDENDS</p>	<p>\$201 - \$1,000</p>	
<p>Vanguard Balanced Index Fund</p>	<p>\$15,001 - \$50,000</p>	<p>DIVIDENDS</p>	<p>\$201 - \$1,000</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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Vanguard Life Strategy
Moderate Growth

\$15,001 -
\$50,000

DIVIDENDS

\$201 - \$1,000

SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Brandywine Health Foundation
Director	Brandywine Transitional Corporation

SCHEDULE IX - AGREEMENTS

Name Jim Gerlach

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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.

Date	Parties To	Terms of Agreement
2009	Jim Gerlach and the Commonwealth of Pennsylvania	Legislative Retirement Health Coverage Benefit Plan