UNITED STATES HOUSE OF REPRESENTATIVES 201 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	DELIVERED of /
Name: Jim Garlad Day	Daytime Telephone:	2015 JAN 21 AM 9: 12 SEFICE OF THE DISTRICT OF REPRESENTATIVES (Office Use Only)
FILER STATUS Member of or Candidate for State: PA U.S. House of Representatives District: L	Officer or Employing Office:	
REPORT 2018 Annual (Due: May 15, 2014)	Amendment Termination Date:	Date:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QU	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? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No 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?	arrangement with an the current calendar Yes No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No 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?	hild receive any Yes No
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?	No 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?	totaling more than Yes No No reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	No I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	onation to charity in Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	E C	ORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -	ST INFORMATION - ANSWER EACH OF THESE QUESTIONS	HESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you an the Committee on Ethics for further guidance.	ering during the reporting period? If you answered "yes" to this question, please contact	estion, please contact Yes No
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	nics and certain other "excepted trusts" need not be disclosed. Have you excluded from	ave you excluded from Yes No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	e, transactions, or liabilities of a spouse or dependent child because they meet all three mittee on Ethics.	se they meet all three Yes No

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: Jim Grah

BLOCK A	вгоскв	BLOCK C	BLOCK D	BLOCK E
Asset and/or income source lidentify (a) each asset held for investment or	Value of Asset at close of the reporting perior	od. If you use a Check all columns that apply. For accounts that	Amount of Income at For assets for which you checked "Tax-Deferred" in Block C, you	I ransaction
a fair market value a fair market value the reporting period, asset or source of a\$200 in "unearned"	relutation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets had by your source or dependent child in which	the method generate tax-deferrad income (such as 4, 1, 2, 2, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	nay check the 'None' column. For all other assets indicate the 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 for assets held in taxable accounts. Check 'None' if no income was earned or	
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	you have no interest.	period.		period. If only a portion of
For all IRAs and other ratirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds			child in which you have no interest.	an asset was sold, please indicate as follows: (S (part)).
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1.00h in interest bearing accounts.	A 88 C	K	I II W V V W W W W W W W W W W W W W W W	Leave this column blank if there are no transactions that exceeded
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.				
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.				
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal refilement program, including the Thrift Savinos Plan.		Income)		
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.		T		
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	00,000	Asset over \$1	500 00 00 00 00,000 1,000 00,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000	
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$1,000,001	Spouse/DC DIVIDEND INTEREST EXCEPTER Other Types		P, S, S(part), or E
SP, SP Mega Corp. Stock EIF	x	×	×	S(part)
Examples:	Indefinite	Royatiles		
ABC Hedge Fund X	×	Partnership Income		
Curry reserved Fed Coedity Union				
State Date vad comp Prycom-				
Enhand Tookied Front				
state Octived (in Project				
Extended Morket Fund				

SCHEDULE A – ASSETS BLOCK A	& "UNEARNE		Name: Jim Garlad
BLOCK A Asset and/or Income Source	BLOCK B Value of Asset		BLOCK C Type of Income
	None \$1,001-\$15,000 \$1,001-\$15,000 \$50,001-\$100,000 \$1,000,001-\$50,000 \$1,000,001-\$50,000,000 \$250,001-\$50,000,000 \$250,001-\$50,000,000 \$250,000-\$50,000,000 \$250,000-\$50,000,000 \$250,000-\$50,000,000 \$250,000,000 \$250,000,000 \$250,000,000	DIVIDENDS	INTEREST EXCEPTED/BLIND TRUST (XX OF Secilly: e.g., Partnership Income or Farm Income)
SP, ASSET NAME EIF JT ASSET NAME			
State Defend Comp Profesor-			
State Index Find			
Vangard St Index Find			
Vangery Coloned Index Ford			
Vented Life Hockey			
made at Gouth Fund		<u> </u>	
		87. 33. 3. 3. 5. 3. 6. 3.25	
) 	

SCHEDULE B - TRANSACTIONS

Name:

3

(Je/184

Page

<u>•</u>

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 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 transactors between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. SP, DC, JT 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 왕 Ехатріе Z Þ Mega Corp. Stock Type of Transaction Exchange Check Box if Capital Gain Exceeded \$200 × (MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable Date 3/5/13 \$15,001-\$50,000 œ \$100,001-\$250,000 0 Amount of Transaction \$500,001-\$1,000,000 \$5,000,001-I \$25,000,000 Over \$50,000,000 i arandaa

SCHEDULE C - EARNED INCOME

Name: Jim Gerland Page 5 of 9

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 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.

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.	e was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundteble (Oct. 2) Contain County Board of Education	Spouse Speech Spouse Salary	\$10,000 \$1,000 N/A
P.A. State Employees Retirement System	Legislatur Pensim	\$ 15, 40°
PA. Ludwicky Charter School	Sporse Salary	N/A
RA Unemployment Compensation Oragian	Spore benefits	$\sim /_A$

SCHEDULE D - LIABILITIES

Name: J.~
J.m Gerlach
Page 6 of 9

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 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 reporting period exceeded \$10,000. you by a spouse or the child, parent, or sibling of you or your spouse. *Column K is for liabilities held solely by your spouse or dependent child.

						Amount of Liability	iability		
SP.	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$15,001- \$50,000	\$100,001- \$250,000	\$500,001- \$1,000,000	\$1,008,000- \$1,000,000- \$5,000,001- \$25,000,000	\$2,000,000 \$2,000,000 \$2,000,000 Cver \$50,000,000	Charles (DCL Listery)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE		×				
	Citable Federal Coult Jamas	hylm Iore	Martgage on residence		<u> </u>		330 P		
	Wright Pations SECU	My 2011	Idone with loan	X		_			
SCH	SCHEDULE E - POSITIONS								

SCHEDULE E - POSITIONS

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 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 listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

			П	
		Dieder	Position	The second secon
		Brandywine Transfirmal Corporation	Name of	the state of the s

SCHEDULE F - AGREEMENTS

Name: Jim Gerlat
Page 7
7_of_9

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
4101	1014 Jim Gerland and Committe of DA.
11,1	2014 Jim Gerland and Committe of PA

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

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

_		
	Name: Jim Gerlad	
	Page 8 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)
Evorabe:	Government of China (MECEA)	Aug. 6-11	DC-Bailing, China - DC	٧	۲	Z
examples.	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	۲	Υ	Υ
7	N/A					
	,					
;						

SCHEDULE I PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA	Name: Jim Gerjad		Page 9 of 9
List 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 separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	ponsor of an event to a charitable organi	ization in lieu of payi	ng an honorarium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech	Feb, 2, 2013 Aug. 13, 2013	\$2,000 \$500
NA			