

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A
For use by Members, officers, and employees

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**HAND
DELIVERED**

Jim Gerlach

(Full Name)

(Daytime Telephone)

2013 MAY 15 AM 11:36

U.S. House of Representatives

Staff (Office Use Only)

Filer Status ☒ 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 more than 30 days late.

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? | 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 \$350 and not otherwise exempt)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If yes, complete and attach Schedule I. | | If yes, complete and attach Schedule VI. | |
| 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? | 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 \$350 from one source)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If yes, complete and attach Schedule II. | | If yes, complete and attach Schedule VII. | |
| 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? | 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? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If yes, complete and attach Schedule III. | | If yes, complete and attach Schedule VIII. | |
| 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? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If yes, complete and attach Schedule IV. | | If yes, complete and attach Schedule IX. | |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |
| If yes, complete and attach Schedule V. | | | |

IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| IPO-- Did you purchase any shares that were allocated as a part of an Initial Public Offering? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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 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 Ethics. | 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 |

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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>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.</p> <p>For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.</p> <p>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.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</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 with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p> | | <p>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.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p> <p>* This column is for assets held solely by your spouse or dependent child.</p> | <p>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 "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p> | <p>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.</p> <p>* This column is for income generated by assets held solely by your spouse or dependent child.</p> | <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> |
| Congressional Federal Credit Union | | \$15,001 - \$50,000 | INTEREST | \$1 - \$200 | |
| State Deferred Compensation Program - Enhanced Tactical Fund | | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| State Deferred Compensation Program - Extended Market Fund | | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| State Deferred Compensation Program - State Index Fund | | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| Vanguard 500 Index Fund | | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 | |
| Vanguard Balanced Index Fund | | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

| Name | | Page 4 of 7 | |
|---|------------------------|-------------|-----------------|
| Jim Gerlach | | | |
| Vanguard Life Strategy Moderate Growth | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 |

SCHEDULE V - LIABILITIES

Name Jim Gerlach

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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 owed during the year. 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 it is rented out or you 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 a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child.

| SP, DC, JT | Creditor | Date Liability Incurred | Type of Liability | Amount of Liability |
|------------------|---|-------------------------------|--|-----------------------|
| | Citadel Federal Credit Union | November 2010 | Mortgage on personal residence - Chester Springs, PA | \$100,001 - \$250,000 |
| | Wright Patman Congressional Federal Credit Union | May 2011 | Home Equity Loan | \$10,001 - \$15,000 |

SCHEDULE VIII - POSITIONS

Name Jim Gerlach

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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 |
|------|--|---|
| 2012 | Jim Gerlach and the Commonwealth of Pennsylvania | Legislative Retirement Health Coverage Benefit Plan |
| 2012 | Jim Gerlach and the Commonwealth of Pennsylvania | Legislative Pension |