

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Jim Gerlach for Congress Committee

ADDRESS (number and street) PO Box 87  
 Check if different than previously reported. (ACC)  
Uwchland PA 19480 0087

2. **FEC IDENTIFICATION NUMBER** C00372102  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
PA 06

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Michael DeHaven

Signature of Treasurer Electronically Filed by Michael DeHaven Date 04 15 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Jim Gerlach for Congress Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	146356.00	150147.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	146356.00	150147.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	99370.04	249324.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	2441.92	3274.92
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	96928.12	246049.64
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>124289.38</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Jim Gerlach for Congress Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

56900.00

59050.00

(ii) Unitemized.....

1706.00

2347.00

(iii) TOTAL of contributions

58606.00

61397.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

87750.00

88750.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

146356.00

150147.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

618.24

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

2441.92

3274.92

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

5249.95

6016.20

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

154047.87

160056.36

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	99370.04	249324.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	1450.00	3950.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	100820.04	253274.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	71061.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	154047.87
25. SUBTOTAL (add Line 23 and Line 24).....	225109.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100820.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	124289.38

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 78  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
John K. Desmond, Jr.  
Mailing Address 63 E Bells Mill Road

City Philadelphia State PA Zip Code 19118-2614

FEC ID number of contributing federal political committee. C

Name of Employer GVH Partners Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 01 / 21 / 2009  
**Transaction ID: A-C21796**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carol Gates  
Mailing Address 490 Bell Road

City Christiana State PA Zip Code 17509-9204

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2009  
**Transaction ID: A-C21795**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert B. Priest  
Mailing Address 562 Pewter Drive

City Exton State PA Zip Code 19341-2079

FEC ID number of contributing federal political committee. C

Name of Employer Sanders Saws, Inc. Occupation President/CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2009  
**Transaction ID: A-C21794**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. William A. Graham, IV		Date of Receipt MM / DD / YYYY 01 / 28 / 2009		
	Mailing Address 828 Conshohocken Rd.		<b>Transaction ID:</b> A-C21797		
	City Gladwyne	State PA	Zip Code 19035	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer William Graham Ins. Co.	Occupation CEO			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00				

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph A. Hardy		Date of Receipt MM / DD / YYYY 01 / 29 / 2009		
	Mailing Address Route 519 P. O. Box 584		<b>Transaction ID:</b> A-C21800		
	City Eighty Four	State PA	Zip Code 15330	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Trust fund	Occupation executor			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00				

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. William J. Avery		Date of Receipt MM / DD / YYYY 02 / 02 / 2009		
	Mailing Address 417 Gwynedd Valley Drive P.O. Box 136		<b>Transaction ID:</b> A-C21809		
	City Gwynedd Valley	State PA	Zip Code 19437	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Retired	Occupation Retired			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 78  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. James Cavanaugh</p> <p>Mailing Address 554 Dorset Road</p> <p>City State Zip Code Devon PA 19333-1845</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Care Venture LLC      Occupation: Managing Partner</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">4600.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 0 2 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C21810</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. James Cavanaugh</p> <p>Mailing Address 554 Dorset Road</p> <p>City State Zip Code Devon PA 19333-1845</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Health Care Venture LLC      Occupation: Managing Partner</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">4600.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 0 2 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C21811</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) William Kronenberg, III</p> <p>Mailing Address 704 Haywood Drive</p> <p>City State Zip Code Exton PA 19341-1136</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Marsh Creek Corporate      Occupation: President</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">4800.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 0 6 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C21822</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">7000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 78  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) William Kronenberg, III</p> <p>Mailing Address 704 Haywood Drive</p> <p>City State Zip Code Exton PA 19341-1136</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Marsh Creek Corporate President</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">4800.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> A-C21823</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="10">2400.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	9	2400.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	2		0	6		2	0	0	9																						
2400.00																															

<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael R Ackerman</p> <p>Mailing Address 290 King Of Prussia Road</p> <p>City State Zip Code Radnor PA 19087-5107</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Integrated Benefit Services Principal</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> A-C21826</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="10">250.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	9	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	2		0	9		2	0	0	9																						
250.00																															

<p><b>C.</b> Full Name (Last, First, Middle Initial) Evelyn Krancer</p> <p>Mailing Address 1142 Brynlawn Road</p> <p>City State Zip Code Villanova PA 19085-2102</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation retired retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">4800.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> A-C21829</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="10">2400.00</td></tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	0	9	2400.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	2		1	1		2	0	0	9																						
2400.00																															

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;">5050.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;"> </span>



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 78  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Evelyn Krancer  
Mailing Address 1142 Brynlawn Road  
City Villanova State PA Zip Code 19085-2102  
FEC ID number of contributing federal political committee. C  
Name of Employer retired Occupation retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4800.00  
Date of Receipt MM / DD / YYYY  
02 / 11 / 2009  
**Transaction ID:** A-C21830  
Amount of Each Receipt this Period 2400.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ronald A. Krancer  
Mailing Address 1142 Brynlawn Road  
City Villanova State PA Zip Code 19085-2102  
FEC ID number of contributing federal political committee. C  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4800.00  
Date of Receipt MM / DD / YYYY  
02 / 11 / 2009  
**Transaction ID:** A-C21827  
Amount of Each Receipt this Period 2400.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ronald A. Krancer  
Mailing Address 1142 Brynlawn Road  
City Villanova State PA Zip Code 19085-2102  
FEC ID number of contributing federal political committee. C  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4800.00  
Date of Receipt MM / DD / YYYY  
02 / 11 / 2009  
**Transaction ID:** A-C21828  
Amount of Each Receipt this Period 2400.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 7200.00  
**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 78  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Lisa A Bell

Mailing Address 2126 Inverness Lane

City State Zip Code  
Berwyn PA 19312-1992

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

**Transaction ID:** A-C21832

Amount of Each Receipt this Period  
2400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lisa A Bell

Mailing Address 2126 Inverness Lane

City State Zip Code  
Berwyn PA 19312-1992

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

**Transaction ID:** A-C21833

Amount of Each Receipt this Period  
2200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David W. Moser

Mailing Address PO Box 566

City State Zip Code  
Exton PA 19341-0566

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
DFT Inc President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

**Transaction ID:** A-C21834

Amount of Each Receipt this Period  
2400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 7000.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) David W. Moser	Date of Receipt MM / DD / YYYY 02 / 12 / 2009
	Mailing Address PO Box 566	<b>Transaction ID:</b> A-C21835
	City State Zip Code Exton PA 19341-0566	Amount of Each Receipt this Period 2200.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation DFT Inc President	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Louis J. Appell, Jr.	Date of Receipt MM / DD / YYYY 02 / 19 / 2009
	Mailing Address 1700 Powder Mill Road	<b>Transaction ID:</b> A-C21850
	City State Zip Code York PA 17403-4945	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Susquehanna Pfatzgroff Co. Executive	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Vincent W. Hartnett	Date of Receipt MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 2652 Horseshoe Trail	<b>Transaction ID:</b> A-C21865
	City State Zip Code Chester Springs PA 19425-3000	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Penske Truck Leasing Executive	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 78  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Vincent W. Hartnett

Mailing Address 2652 Horseshoe Trail

City State Zip Code  
Chester Springs PA 19425-3000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Penske Truck Leasing Executive

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2009

**Transaction ID:** A-C21866

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Marian Moskowitz

Mailing Address 1890 Rose Cottage Lane

City State Zip Code  
Malvern PA 19355-9770

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** A-C21881

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Marian Moskowitz

Mailing Address 1890 Rose Cottage Lane

City State Zip Code  
Malvern PA 19355-9770

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** A-C21882

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 13 / 78</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Lisa A Bell		Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 2126 Inverness Lane		<b>Transaction ID:</b> A-C21883
	City Berwyn	State PA	Zip Code 19312-1992
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
	Name of Employer Homemaker	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Maggie Magerko		Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 1019 Route 519		<b>Transaction ID:</b> A-C21905
	City Eighty Four	State PA	Zip Code 15330-2813
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
	Name of Employer 84 Lumber Co	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) John P Mcallister		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 1501 M Street NW Suite 450		<b>Transaction ID:</b> A-C21910
	City Washington	State DC	Zip Code 20005-1726
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer McAllister & Quinn LLC	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 78  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
John M Pressimone  
Mailing Address 100 Maple Grove Road  
City Mohnnton State PA Zip Code 19540-8846  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 03 / 13 / 2009  
Transaction ID: A-C21908  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
William O'Neill, Jr  
Mailing Address 150 S Independence Mall W  
City Philadelphia State PA Zip Code 19106-3413  
FEC ID number of contributing federal political committee. **C**  
Name of Employer International Raw Materials Ltd. Occupation President  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt 03 / 16 / 2009  
Transaction ID: A-C21917  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Thomas A. Caramanico  
Mailing Address 848 Buck Lane  
City Haverford State PA Zip Code 19041-1204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McCormick Taylor & Associates Occupation President & CEO  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 2400.00  
Date of Receipt 03 / 19 / 2009  
Transaction ID: A-C21921  
Amount of Each Receipt this Period 2400.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3900.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 78  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. James J. Anderson

Mailing Address 205 Lurgan Road

City State Zip Code  
New Hope PA 18938-9215

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Jim Anderson Construction President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	0	9

**Transaction ID:** A-C21923

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lyle B Dennis

Mailing Address 11515 Noahs Landing Court

City State Zip Code  
Manassas VA 20112-3580

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cavarocchi, Ruscio, Dennis Executive

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

**Transaction ID:** A-C21954

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lee Barber Nowoslawski, M.D.

Mailing Address 1211 Lakemont Road

City State Zip Code  
Villanova PA 19085-2103

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

**Transaction ID:** A-C21931

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Domenic Ruscio

Mailing Address 6100 Westchester Park Drive  
Apt. 1012

City State Zip Code  
College Park MD 20740-2848

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cavarocchi, Ruscio, Dennis Partner

Receipt For: 2010 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A-C21953

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Mark Vieth

Mailing Address 3245 Livingston Street NW

City State Zip Code  
Washington DC 20015-1632

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cavarocchi, Ruscio, Dennis Executive

Receipt For: 2010 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** A-C21952

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Anthony Dibernardo

Mailing Address 8291 Elmcrest Lane

City State Zip Code  
Huntington Beach CA 92646-3119

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
FIP, Inc. CEO

Receipt For: 2010 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** A-C21956

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

**TOTAL** This Period (last page this line number only) .....



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 78  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Nicholas G Cavarocchi

Mailing Address 817 G Street

City Washington State DC Zip Code 20024-2485

FEC ID number of contributing federal political committee. **C**

Name of Employer Cavarocchi, Ruscio, Dennis Occupation Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009

Transaction ID: A-C21988

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Steven Dubow, Esq.

Mailing Address 635 Revere Road

City Merion Station State PA Zip Code 19066-1007

FEC ID number of contributing federal political committee. **C**

Name of Employer Blank, Rome, Comisky, & McCauley, LLP Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009

Transaction ID: A-C22015

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Wesley R. Grow

Mailing Address 248 Mineral Street

City Pottstown State PA Zip Code 19464-3942

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2009

Transaction ID: A-C21969

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 78  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Janet S Klein</p> <p>Mailing Address 1475 Hampton Road</p> <p>City State Zip Code Rydal PA 19046-1246</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 31 / 2009</span></p> <p><b>Transaction ID:</b> A-C21973</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Richard J. McMahon</p> <p>Mailing Address 441 Oak Lane</p> <p>City State Zip Code Media PA 19063-4239</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Blank Rome Occupation Attorney</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 31 / 2009</span></p> <p><b>Transaction ID:</b> A-C22014</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Alan L. Zeiger</p> <p>Mailing Address 1633 Lark Lane</p> <p>City State Zip Code Villanova PA 19085-1907</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Blank Rome Occupation Attorney</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 31 / 2009</span></p> <p><b>Transaction ID:</b> A-C22013</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">56900.00</span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 78  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Pa Food Pac

Mailing Address 1029 Mumma Road

City Wormleysburg State PA Zip Code 17043-1118

FEC ID number of contributing federal political committee. **C** C00345660

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
01 / 08 / 2009

**Transaction ID:** A-C21785

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
PA Propane Gas Assoc PAC

Mailing Address 908 N 2nd Street

City Harrisburg State PA Zip Code 17102-3119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
02 / 04 / 2009

**Transaction ID:** A-C21813

Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Agricultural Retailers Association Political Action Committee

Mailing Address 1156 15th Street Suite 302

City Washington State DC Zip Code 20005-1745

FEC ID number of contributing federal political committee. **C** C00264770

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
02 / 18 / 2009

**Transaction ID:** A-C21846

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ace Group Holdings Inc. Political Action Committee

Mailing Address 436 Walnut Street  
# WAO4P

City Philadelphia State PA Zip Code 19106-3703

FEC ID number of contributing federal political committee. C C00348938

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
02 / 25 / 2009

**Transaction ID:** A-C21863

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
New York Life PAC

Mailing Address 51 Madison Avenue  
Room 117M

City New York State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. C C00158881

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
02 / 25 / 2009

**Transaction ID:** A-C21864

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Free And Strong America Pac Inc

Mailing Address 80 Hayden Avenue

City Lexington State MA Zip Code 02421-7967

FEC ID number of contributing federal political committee. C C00449280

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** A-C21880

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Association PAC  
Mailing Address 1325 Massachusetts Avenue NW  
City Washington State DC Zip Code 20005-4171  
FEC ID number of contributing federal political committee. **C** C00238725  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 03 / 09 / 2009  
Transaction ID: A-C21885  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
United Parcel Service Inc. Political Action Committee  
Mailing Address 55 Glenlake Parkway  
City Atlanta State GA Zip Code 30328-3474  
FEC ID number of contributing federal political committee. **C** C00064766  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt: 03 / 12 / 2009  
Transaction ID: A-I22016  
Amount of Each Receipt this Period: 200.00  
Inkind: Fundraising Facility Usage  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
United Parcel Service Inc. Political Action Committee  
Mailing Address 55 Glenlake Parkway  
City Atlanta State GA Zip Code 30328-3474  
FEC ID number of contributing federal political committee. **C** C00064766  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt: 03 / 12 / 2009  
Transaction ID: A-I22017  
Amount of Each Receipt this Period: 60.00  
Inkind: Fundraising Catering  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1260.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Allstate Insurance Co. Pac

Mailing Address 2775 Sanders Road  
Suite A5

City Northbrook State IL Zip Code 60062-6110

FEC ID number of contributing federal political committee. **C** C00040253

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

**Transaction ID:** A-C21911

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
BNSF RAILPAC

Mailing Address PO Box 961039

City Fort Worth State TX Zip Code 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

**Transaction ID:** A-C21912

Amount of Each Receipt this Period  
 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary Pac

Mailing Address 2941 Fairview Park Drive  
Suite 100

City Falls Church State VA Zip Code 22042-4541

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

**Transaction ID:** A-C21914

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Honeywell International PAC

Mailing Address 101 Constitution Avenue NW  
Suite 500

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A-C21913

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Turkish Coaliton Usa Pac (tc-Usa Pac)

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A-C21909

Amount of Each Receipt this Period 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
United Parcel Service Inc. Political Action Committee

Mailing Address 55 Glenlake Parkway

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** A-I22018

Amount of Each Receipt this Period 319.00

Inkind: Fundraising Catering

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2819.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
United Parcel Service Inc. Political Action Committee

Mailing Address 55 Glenlake Parkway

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 03 / 13 / 2009  
**Transaction ID:** A-I22019  
 Amount of Each Receipt this Period: 209.00  
**Inkind:** Fundraising Catering  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Capital Federal Credit Union/NAFCU

Mailing Address 3138 10th Street N

City Arlington State VA Zip Code 22201-2160

FEC ID number of contributing federal political committee. **C** C00040659

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 16 / 2009  
**Transaction ID:** A-C21915  
 Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Norfolk Southern Corporation Good Government Fund

Mailing Address 3 Commercial Place

City Norfolk State VA Zip Code 23510-2108

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 03 / 19 / 2009  
**Transaction ID:** A-C21922  
 Amount of Each Receipt this Period: 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3209.00

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
United Technologies PAC

Mailing Address 1401 I Street NW  
Suite 600

City Washington State DC Zip Code 20005-2225

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 03 / 25 / 2009  
**Transaction ID:** A-C21925  
 Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Accenture PAC

Mailing Address 800 Connecticut Avenue NW  
Suite 600

City Washington State DC Zip Code 20006-2716

FEC ID number of contributing federal political committee. **C** C00300707

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** A-C21949  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Aircraft Owners And Pilots Association

Mailing Address 421 Aviation Way

City Frederick State MD Zip Code 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** A-C21946  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
American College Of Radiology Association  
 Mailing Address 1891 Preston White Drive  
 City Reston State VA Zip Code 20191-4326  
 FEC ID number of contributing federal political committee. **C** C00343459  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 2500.00  
 Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** A-C21945  
 Amount of Each Receipt this Period: 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Nurses Assoc. PAC  
 Mailing Address 8515 Georgia Avenue Suite 400  
 City Silver Spring State MD Zip Code 20910-3492  
 FEC ID number of contributing federal political committee. **C** C00017525  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 1000.00  
 Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** A-C21943  
 Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Road & Transportation Builders Assn.  
 Mailing Address 1219 28th Street NW  
 City Washington State DC Zip Code 20007-3362  
 FEC ID number of contributing federal political committee. **C** C00118208  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 1000.00  
 Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** A-C21936  
 Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4500.00  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
AmerisourceBergen Corporation (ABC PAC)  
Mailing Address 1300 Morris Drive  
Suite 100  
City Chesterbrook State PA Zip Code 19087-5559  
FEC ID number of contributing federal political committee. **C** C00400929  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt: 03 / 27 / 2009  
Transaction ID: A-C21939  
Amount of Each Receipt this Period: 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Arkema Political Action Committee  
Mailing Address 2000 Market Street  
City Philadelphia State PA Zip Code 19103-3231  
FEC ID number of contributing federal political committee. **C** C00182980  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 03 / 27 / 2009  
Transaction ID: A-C21942  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
General Electric Co. Pac  
Mailing Address Neil T. Messick  
1299 Pennsylvania Avenue N. W. Sui  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00024869  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt: 03 / 27 / 2009  
Transaction ID: A-C21944  
Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Genesis Healthcare Corp PAC

Mailing Address 101 E State Street

City State Zip Code  
Kennett Square PA 19348-3109

FEC ID number of contributing federal political committee. **C** C00292094

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** A-C21938

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
HDMA PAC

Mailing Address 901 N Glebe Road Suite 1000

City State Zip Code  
Arlington VA 22203-1854

FEC ID number of contributing federal political committee. **C** C00247569

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** A-C21948

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Honeywell International PAC

Mailing Address 101 Constitution Avenue NW Suite 500

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** A-C21934

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Independent Insurance Pac

Mailing Address 412 1st Street SE  
Suite 300

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID:** A-C21932  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Kirkpatrick & Lockhart Preston Gates Ellis Llp Political Action Committee (dc)

Mailing Address 1601 K Street NW  
Suite 500

City Washington State DC Zip Code 20006-1682

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID:** A-C21940  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NCPA PAC

Mailing Address 100 Daingerfield Road

City Alexandria State VA Zip Code 22314-6302

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID:** A-C21933  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Nempac

Mailing Address PO Box 619911

City State Zip Code  
Dallas TX 75261-9911

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** A-C21951

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Physician Hospitals of America PAC

Mailing Address 2600 S Minnesota Avenue  
Suite 202

City State Zip Code  
Sioux Falls SD 57105-4731

FEC ID number of contributing federal political committee. **C** C00394163

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** A-C21935

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Physician Hospitals of America PAC

Mailing Address 2600 S Minnesota Avenue  
Suite 202

City State Zip Code  
Sioux Falls SD 57105-4731

FEC ID number of contributing federal political committee. **C** C00394163

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** A-C21937

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Transportation Intermediaries Association Tiapac

Mailing Address 1625 Prince Street  
Suite 200

City State Zip Code  
Alexandria VA 22314-2883

FEC ID number of contributing federal political committee. **C** C00335091

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** A-C21947

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Weston Pac

Mailing Address 1001 Connecticut Avenue NW  
Suite 1200

City State Zip Code  
Washington DC 20036-5546

FEC ID number of contributing federal political committee. **C** C00251843

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** A-C21950

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Unisys Corporation Employees PAC

Mailing Address MS B214 One Unisys Way

City State Zip Code  
Blue Bell PA 19424

FEC ID number of contributing federal political committee. **C** C00345603

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2009

**Transaction ID:** A-C21955

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Advanta Corp Employees' Political Involvement Fund

Mailing Address 1 Righter Parkway  
Floor 2

City State Zip Code  
Wilmington DE 19803-1534

FEC ID number of contributing federal political committee. **C** C00279604

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C21997

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Agricultural Retailers Association Political Action Committee

Mailing Address 1156 15th Street  
Suite 302

City State Zip Code  
Washington DC 20005-1745

FEC ID number of contributing federal political committee. **C** C00264770

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C22009

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Air Line Pilots Assoc. Intl. PAC

Mailing Address 1625 Massachusetts Avenue NW

City State Zip Code  
Washington DC 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C21971

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Air Products Political Alliance

Mailing Address PO Box 441

City State Zip Code  
Trexlerstown PA 18087-0441

FEC ID number of contributing federal political committee. **C** C00127258

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** A-C21999

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Council Of Engineering Companies

Mailing Address 1015 15th Street Suite 802

City State Zip Code  
Washington DC 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** A-C21996

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Council Of Life Insurers Pac

Mailing Address 101 Constitution Avenue

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** A-C21993

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 34 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
American Health Care Association Political Action Committee  
 Mailing Address 1201 L Street  
 City Washington State DC Zip Code 20005-4024  
 FEC ID number of contributing federal political committee. **C** C00006080  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 1000.00  
 Date of Receipt 03 / 31 / 2009  
**Transaction ID:** A-C22007  
 Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Physical Therapy Association Physical Therapy Political Action Committee (pt-Pa)  
 Mailing Address 1111 N Fairfax Street  
 City Alexandria State VA Zip Code 22314-1484  
 FEC ID number of contributing federal political committee. **C** C00012880  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 1000.00  
 Date of Receipt 03 / 31 / 2009  
**Transaction ID:** A-C21991  
 Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Blank Rome LLP Federal PAC  
 Mailing Address 600 New Hampshire Avenue  
 City Washington State DC Zip Code 20037-2403  
 FEC ID number of contributing federal political committee. **C** C00150797  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 1000.00  
 Date of Receipt 03 / 31 / 2009  
**Transaction ID:** A-C21994  
 Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Cash America International Inc. Political Action Committee

Mailing Address 1600 W 7th Street

City State Zip Code  
Fort Worth TX 76102-2504

FEC ID number of contributing federal political committee. **C** C00275529

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C21989

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Charles Schwab Corporation Political Action Committee

Mailing Address 101 Montgomery Street

City State Zip Code  
San Francisco CA 94104-4151

FEC ID number of contributing federal political committee. **C** C00370114

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C22004

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Deloitte Federal Political Action Committee

Mailing Address PO Box 365

City State Zip Code  
Washington DC 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C21982

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Electrical Construction Pac

Mailing Address 3 Bethesda Metro Center

City State Zip Code  
Bethesda MD 20814-5330

FEC ID number of contributing federal political committee. C C00113811

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C22029

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Glaxosmithkline Pac

Mailing Address 5 Moore Drive

City State Zip Code  
Durham NC 27709-0143

FEC ID number of contributing federal political committee. C C00199703

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C21998

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Growth And Prosperity PAC

Mailing Address 831 Linwood Court

City State Zip Code  
Birmingham AL 35222-4428

FEC ID number of contributing federal political committee. C C00388793

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C21984

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
International Union of Operating Engineers Political Education Committee

Mailing Address 1125 17th Street

City Washington State DC Zip Code 20036-4701

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** A-C21995

Amount of Each Receipt this Period 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jacobs Good Government Fund Of Jacobs Engineering Group Inc.

Mailing Address 1111 S Arroyo Parkway

City Pasadena State CA Zip Code 91105-3254

FEC ID number of contributing federal political committee. **C** C00142299

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** A-C22002

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mortgage Bankers Association Pac

Mailing Address 1919 Pennsylvania Avenue

City Washington State DC Zip Code 20006-3404

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** A-C22000

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 38 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
National Funeral Directors Association Of The U S Inc PAC - NFDA  
Mailing Address 13625 Bishops Drive

City State Zip Code  
Brookfield WI 53005-6600

FEC ID number of contributing federal political committee. **C** C00204008

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C22011

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NCPA PAC  
Mailing Address 100 Daingerfield Road

City State Zip Code  
Alexandria VA 22314-6302

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C21992

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Nisource Inc. Pac  
Mailing Address 200 Civic Center Drive

City State Zip Code  
Columbus OH 43215-4138

FEC ID number of contributing federal political committee. **C** C00051979

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C22005

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
PCIPAC  
Mailing Address 2600 S River Road  
City Des Plaines State IL Zip Code 60018-3203  
FEC ID number of contributing federal political committee. **C** C00066472  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY  
03 / 31 / 2009  
Transaction ID: A-C22010  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Reliant Energy Inc.Political Action Committee  
Mailing Address PO Box 148  
City Houston State TX Zip Code 77001-0148  
FEC ID number of contributing federal political committee. **C** C00081455  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY  
03 / 31 / 2009  
Transaction ID: A-C22006  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Siemens Corporation PAC  
Mailing Address 601 Pennsylvania Avenue  
City Washington State DC Zip Code 20004-2601  
FEC ID number of contributing federal political committee. **C** C00353797  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY  
03 / 31 / 2009  
Transaction ID: A-C22008  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Travelers Companies, Inc. PAC

Mailing Address 1 Tower Square

City State Zip Code  
Hartford CT 06183-0001

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** A-C21990

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City State Zip Code  
Washington DC 20008-0786

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** A-C21970

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
United Parcel Service Inc. Political Action Committee

Mailing Address 55 Glenlake Parkway

City State Zip Code  
Atlanta GA 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** A-C22012

Amount of Each Receipt this Period  
2212.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6212.00**

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Usaa Pac

Mailing Address Usaa Building D-3

City State Zip Code  
San Antonio TX 78288-0001

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** A-C22003

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Verizon Communications Inc. Good Government

Mailing Address 1300 I Street  
Floor 4

City State Zip Code  
Washington DC 20005-3314

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** A-C22001

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

**TOTAL** This Period (last page this line number only) ..... ► **87750.00**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Campbell & Holste

Mailing Address 140 Littleton Road  
Suite 320

City Parsippany State NJ Zip Code 07054-1867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 727.83

Date of Receipt 01 / 15 / 2009  
**Transaction ID:** A-O21793  
 Amount of Each Receipt this Period 639.55  
 Refund Web Advertising  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Hewlett Packard

Mailing Address Finance Operations  
P O Box 2810

City Colorado Springs State CO Zip Code 80901-2810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 681.09

Date of Receipt 01 / 29 / 2009  
**Transaction ID:** A-O21801  
 Amount of Each Receipt this Period 681.09  
 Refund - Defective Product  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
BrabenderCox Inc

Mailing Address 1218 Grandview Avenue

City Pittsburgh State PA Zip Code 15211-1239

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 833.00

Date of Receipt 03 / 09 / 2009  
**Transaction ID:** A-O21886  
 Amount of Each Receipt this Period 833.00  
 Refund Media Placement  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2153.64**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 78  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Campbell & Holste

Mailing Address 140 Littleton Road  
Suite 320

City Parsippany State NJ Zip Code 07054-1867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
727.83

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: A-O21924

Amount of Each Receipt this Period  
88.28

Refund - Media Placement  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	88.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2241.92

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 78

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Harleysville National Bank  
Mailing Address 483 Main Street

City State Zip Code  
Harleysville PA 19438-2311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 493.23

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2009

Transaction ID: A-M21824

Amount of Each Receipt this Period  
117.24

Interest Income  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
GerlachForPA.com  
Mailing Address 256 Eagleview Boulevard  
PMB 375

City State Zip Code  
Exton PA 19341-1157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4944.46

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2009

Transaction ID: A-M21868

Amount of Each Receipt this Period  
2043.00

Office Use  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Harleysville National Bank  
Mailing Address 483 Main Street

City State Zip Code  
Harleysville PA 19438-2311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 493.23

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2009

Transaction ID: A-M21870

Amount of Each Receipt this Period  
103.80

Interest Income  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

2264.04

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
GerlachForPA.com

Mailing Address 256 Eagleview Boulevard  
PMB 375

City State Zip Code  
Exton PA 19341-1157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4944.46

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-M21983

Amount of Each Receipt this Period  
482.46

Postage Reimbursement  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
GerlachForPA.com

Mailing Address 256 Eagleview Boulevard  
PMB 375

City State Zip Code  
Exton PA 19341-1157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4944.46

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-M22030

Amount of Each Receipt this Period  
2419.00

Office Use  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Harleysville National Bank

Mailing Address 483 Main Street

City State Zip Code  
Harleysville PA 19438-2311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 493.23

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-M21979

Amount of Each Receipt this Period  
84.45

Interest Income  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2985.91**

**TOTAL** This Period (last page this line number only) ..... ► **5249.95**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Linda R Dexter</p> <p>Mailing Address 19 Meadow Creek Lane</p> <p>City Glenmoore State PA Zip Code 19343-2017</p> <p>Purpose of Disbursement Bookkeeping Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-21771</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1980.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sara K Holcombe</p> <p>Mailing Address 1030 E Lancaster Avenue Apt. 831</p> <p>City Bryn Mawr State PA Zip Code 19010-1443</p> <p>Purpose of Disbursement Reimburse Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-21770</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="227.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John C Mackey</p> <p>Mailing Address 1230 Pottstown Pike Suite 5</p> <p>City Glenmoore State PA Zip Code 19343-9533</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-21769</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1650.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Acme Markets	Transaction ID: B-S-1291 Date of Disbursement 01 / 06 / 2009
	Mailing Address 400 Simpson Drive	Amount of Each Disbursement this Period 61.31
	City Chester Springs State PA Zip Code 19425-9546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of VISA(02-16/09)
	Purpose of Disbursement Swearing In Reception Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Campbell & Holste	Transaction ID: B-E-21776 Date of Disbursement 01 / 07 / 2009
	Mailing Address 140 Littleton Road Suite 320	Amount of Each Disbursement this Period 17600.00
	City Parsippany State NJ Zip Code 07054-1867	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consultant - Media Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cosi	Transaction ID: B-S-1293 Date of Disbursement 01 / 07 / 2009
	Mailing Address 301 Pennsylvania Avenue SE	Amount of Each Disbursement this Period 444.31
	City Washington State DC Zip Code 20003-1148	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of VISA(02-16/09)
	Purpose of Disbursement Swearing In Reception Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	17600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements and may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Direct Tv</p> <p>Mailing Address PO Box 60036</p> <p>City Los Angeles State CA Zip Code 90060-0036</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Cable</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B-E-21781</p> <p>Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 92.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001 Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Gula Graham Group</p> <p>Mailing Address 700 12th Street NW Suite 700</p> <p>City Washington State DC Zip Code 20005-4052</p> <p>Purpose of Disbursement Fundraising: Retainer - Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B-E-21779</p> <p>Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>003 Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) J&amp;B Cleaning Services</p> <p>Mailing Address 7 Main Lin Drive</p> <p>City Coatesville State PA Zip Code 19320-1457</p> <p>Purpose of Disbursement Office Cleaning</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B-E-21782</p> <p>Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 113.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001 Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5205.19

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Sprint  Mailing Address PO Box 4181  City Carol Stream State IL Zip Code 60197-4181 Purpose of Disbursement Cell Phone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-21778 Date of Disbursement 01 / 08 / 2009  Amount of Each Disbursement this Period 429.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Syscom Technologies  Mailing Address Drawer CS 100308  City Atlanta State GA Zip Code 30384 Purpose of Disbursement Computer Repair Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-21783 Date of Disbursement 01 / 08 / 2009  Amount of Each Disbursement this Period 284.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Bravo Pizza  Mailing Address 530 Simpson Drive  City Chester Springs State PA Zip Code 19425-9547 Purpose of Disbursement Lunch Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1301 Date of Disbursement 01 / 09 / 2009  Amount of Each Disbursement this Period 34.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of VISA(02-16/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>713.56</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Ludwig's Inn & Oyster Bar

Mailing Address Route 401

City State Zip Code  
Glenmoore PA 19343

Purpose of Disbursement  
Dinner Expense  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: B-S-1300  
Date of Disbursement

01 / 09 / 2009

Amount of Each Disbursement this Period

72.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

Subitemization of VISA(02-16/09)

B.

Full Name (Last, First, Middle Initial)  
Paychex, Inc

Mailing Address 1100 Adams Avenue

City State Zip Code  
Norristown PA 19403-2404

Purpose of Disbursement  
Employer Payroll Tax  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: B-E-21775  
Date of Disbursement

01 / 09 / 2009

Amount of Each Disbursement this Period

308.34

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Sara K Holcombe

Mailing Address 1030 E Lancaster Avenue  
Apt. 831

City State Zip Code  
Bryn Mawr PA 19010-1443

Purpose of Disbursement  
Administrative/Salary/Overhead: Salary  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: B-E-21774  
Date of Disbursement

01 / 09 / 2009

Amount of Each Disbursement this Period

2907.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

3216.04

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Paychex, Inc  Mailing Address 1100 Adams Avenue  City Norristown State PA Zip Code 19403-2404  Purpose of Disbursement Payroll Service Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-21784 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9  Amount of Each Disbursement this Period 153.90  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Campbell & Holste  Mailing Address 140 Littleton Road Suite 320  City Parsippany State NJ Zip Code 07054-1867  Purpose of Disbursement Travel: Mileage Reimbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-21790 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9  Amount of Each Disbursement this Period 84.66  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club  Mailing Address 300 1st Street SE  City Washington State DC Zip Code 20003-1801  Purpose of Disbursement Dinner Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-21789 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9  Amount of Each Disbursement this Period 55.81  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

294.37

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Totalfunds by Hasler

Mailing Address PO Box 31021

City Tampa State FL Zip Code 33631-3021

Purpose of Disbursement Administrative/Salary/Overhead: Postage  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: B-E-21787  
Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Complete Campaigns

Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement Software Support  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: B-S-1303  
Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

508.37

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

Subitemization of VISA(02-16/09)

C.

Full Name (Last, First, Middle Initial)  
Ludwig's Inn & Oyster Bar

Mailing Address Route 401

City Glenmoore State PA Zip Code 19343

Purpose of Disbursement Dinner Expense  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: B-S-1302  
Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

50.93

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

Subitemization of VISA(02-16/09)

SUBTOTAL of Disbursements This Page (optional) ..... ▶

200.00

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Ludwig's Inn & Oyster Bar	Transaction ID: B-S-1304 Date of Disbursement 01 / 18 / 2009
	Mailing Address Route 401	Amount of Each Disbursement this Period 100.91
	City State Zip Code Glenmoore PA 19343	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dinner Expense	<input type="checkbox"/> [MEMO ITEM] Subitemization of VISA(02-16/09)
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Bravo Pizza	Transaction ID: B-S-1305 Date of Disbursement 01 / 19 / 2009
	Mailing Address 530 Simpson Drive	Amount of Each Disbursement this Period 33.87
	City State Zip Code Chester Springs PA 19425-9547	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Lunch Expense	<input type="checkbox"/> [MEMO ITEM] Subitemization of VISA(02-16/09)
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Paychex, Inc	Transaction ID: B-E-21799 Date of Disbursement 01 / 23 / 2009
	Mailing Address 1100 Adams Avenue	Amount of Each Disbursement this Period 314.50
	City State Zip Code Norristown PA 19403-2404	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Employer Payroll Tax	<input type="checkbox"/> [MEMO ITEM] Subitemization of VISA(02-16/09)
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>314.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Sara K Holcombe	Transaction ID: B-E-21798 Date of Disbursement 01 / 23 / 2009
	Mailing Address 1030 E Lancaster Avenue Apt. 831	Amount of Each Disbursement this Period 2907.70
	City Bryn Mawr State PA Zip Code 19010-1443	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Montesano Brothers	Transaction ID: B-S-1314 Date of Disbursement 01 / 27 / 2009
	Mailing Address 55 Seaboldt Way	Amount of Each Disbursement this Period 69.08
	City Chester Springs State PA Zip Code 19425-9552	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dinner Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of VISA(03-11/09)

C.	Full Name (Last, First, Middle Initial) Sunoco	Transaction ID: B-S-1315 Date of Disbursement 01 / 27 / 2009
	Mailing Address 1105 Pottstown Pike	Amount of Each Disbursement this Period 13.12
	City Glenmoore State PA Zip Code 19343-9579	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of VISA(03-11/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2907.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Bravo Pizza	Transaction ID: B-S-1307 Date of Disbursement 01 / 30 / 2009
	Mailing Address 530 Simpson Drive	Amount of Each Disbursement this Period 15.85
	City Chester Springs State PA Zip Code 19425-9547	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dinner Expense Candidate Name	<input type="checkbox"/> [MEMO ITEM] Subitemization of VISA(03-11/09)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: B-S-1317 Date of Disbursement 02 / 01 / 2009
	Mailing Address 23 Shoemaker Rd	Amount of Each Disbursement this Period 172.08
	City Pottstown State PA Zip Code 19464	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	<input type="checkbox"/> [MEMO ITEM] Subitemization of VISA(03-11/09)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) BT Conferencing Inc.	Transaction ID: B-E-21804 Date of Disbursement 02 / 02 / 2009
	Mailing Address P.O. Box 7247-6051	Amount of Each Disbursement this Period 103.20
	City Philadelphia State PA Zip Code 19170-6051	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Conference Calls Candidate Name	<input type="checkbox"/> [MEMO ITEM] Subitemization of VISA(03-11/09)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	103.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) De Lage Landen Financial Services  Mailing Address PO Box 41601  City Philadelphia State PA Zip Code 19101-1601 Purpose of Disbursement Copier Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-21802 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9  Amount of Each Disbursement this Period 370.40  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Staples  Mailing Address 105 E Swedesford Road  City Exton State PA Zip Code 19341-2333 Purpose of Disbursement Office Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1316 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9  Amount of Each Disbursement this Period 225.21  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Subitemization of VISA(03-11/09)
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 28000  City Lehigh Valley State PA Zip Code 18002-8000 Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-21807 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9  Amount of Each Disbursement this Period 443.58  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**813.98**

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Linda R Dexter</p> <p>Mailing Address 19 Meadow Creek Lane</p> <p>City Glenmoore State PA Zip Code 19343-2017</p> <p>Purpose of Disbursement Bookkeeping Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21806</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 3150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John C Mackey</p> <p>Mailing Address 1230 Pottstown Pike Suite 5</p> <p>City Glenmoore State PA Zip Code 19343-9533</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21803</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Direct Tv</p> <p>Mailing Address PO Box 60036</p> <p>City Los Angeles State CA Zip Code 90060-0036</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Cable</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21817</p> <p>Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 92.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4892.19

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gula Graham Group</p> <p>Mailing Address 700 12th Street NW Suite 700</p> <p>City Washington State DC Zip Code 20005-4052</p> <p>Purpose of Disbursement Fundraising: Fundraising Retainer Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21818 <b>Date of Disbursement</b> 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) J&amp;B Cleaning Services</p> <p>Mailing Address 7 Main Lin Drive</p> <p>City Coatesville State PA Zip Code 19320-1457</p> <p>Purpose of Disbursement Office Cleaning Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21815 <b>Date of Disbursement</b> 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 137.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Peco Energy</p> <p>Mailing Address 37629 PO Box</p> <p>City Philadelphia State PA Zip Code 19162-0437</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Electirc Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21816 <b>Date of Disbursement</b> 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 334.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5471.67

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Sunoco	Transaction ID: B-S-1318 Date of Disbursement 02 / 05 / 2009
	Mailing Address 1105 Pottstown Pike	Amount of Each Disbursement this Period 18.19
	City Glenmoore State PA Zip Code 19343-9579	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of VISA(03-11/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Paychex, Inc	Transaction ID: B-E-21820 Date of Disbursement 02 / 06 / 2009
	Mailing Address 1100 Adams Avenue	Amount of Each Disbursement this Period 155.91
	City Norristown State PA Zip Code 19403-2404	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Employers Payroll Tax Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Sara K Holcombe	Transaction ID: B-E-21819 Date of Disbursement 02 / 06 / 2009
	Mailing Address 1030 E Lancaster Avenue Apt. 831	Amount of Each Disbursement this Period 1462.00
	City Bryn Mawr State PA Zip Code 19010-1443	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1617.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<b>A.</b> Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address 3635 Ruffin Road Floor 3 City San Diego State CA Zip Code 92123-1880 Purpose of Disbursement Software Support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B-S-1319 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 468.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of VISA(03-11/09)
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>B.</b> Hilton Hotel Harrisburg Full Name (Last, First, Middle Initial) Mailing Address 1 N 2nd Street City Harrisburg State PA Zip Code 17101-1601 Purpose of Disbursement Dinner Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B-S-1321 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 286.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of VISA(03-11/09)
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>C.</b> Staples Full Name (Last, First, Middle Initial) Mailing Address 23 Shoemaker Rd City Pottstown State PA Zip Code 19464 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B-S-1320 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 46.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of VISA(03-11/09)
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Jim Gerlach

Mailing Address 649 Deep Hollow Lane

City Chester Springs State PA Zip Code 19425-1729

Purpose of Disbursement  
Travel: Reimburse Travel Expense

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-21825  
Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

330.96

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Hilton Hotel Harrisburg

Mailing Address 1 N 2nd Street

City Harrisburg State PA Zip Code 17101-1601

Purpose of Disbursement  
Hotel Expense

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1308  
Date of Disbursement

02 / 10 / 2009

Amount of Each Disbursement this Period

146.54

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
Subitemization of VISA(03-  
/11/09)

C.

Full Name (Last, First, Middle Initial)  
Paychex, Inc

Mailing Address 1100 Adams Avenue

City Norristown State PA Zip Code 19403-2404

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-21814  
Date of Disbursement

02 / 10 / 2009

Amount of Each Disbursement this Period

215.65

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

546.61

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Sprint	Transaction ID: B-E-21831 Date of Disbursement 02 / 11 / 2009
	Mailing Address PO Box 4181	Amount of Each Disbursement this Period 427.02
	City Carol Stream State IL Zip Code 60197-4181	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phones Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: B-E-21839 Date of Disbursement 02 / 12 / 2009
	Mailing Address 300 1st Street SE	Amount of Each Disbursement this Period 470.74
	City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dues and Dinner Expense Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Marsh Creek Signs	Transaction ID: B-E-21836 Date of Disbursement 02 / 12 / 2009
	Mailing Address PO Box 371	Amount of Each Disbursement this Period 174.90
	City Uwchland State PA Zip Code 19480-0371	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: Poster Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1072.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Rothwell Document Solutions</p> <p>Mailing Address 204 W Market Street</p> <p>City West Chester State PA Zip Code 19382-2903</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Copy Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21840</p> <p>Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 564.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Syscom Technologies</p> <p>Mailing Address Drawer CS 100308</p> <p>City Atlanta State GA Zip Code 30384</p> <p>Purpose of Disbursement Computer Repairs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21838</p> <p>Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 326.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road Floor 3</p> <p>City San Diego State CA Zip Code 92123-1880</p> <p>Purpose of Disbursement Credit Card Discount Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21841</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 240.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1130.88

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Montesano Brothers	Transaction ID: B-S-1310 Date of Disbursement 02 / 15 / 2009
	Mailing Address 55 Seaboldt Way	Amount of Each Disbursement this Period 34.93
	City Chester Springs State PA Zip Code 19425-9552	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dinner Expense Candidate Name	<input type="checkbox"/> Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of VISA(03-11/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) VISA	Transaction ID: B-E-21842 Date of Disbursement 02 / 16 / 2009
	Mailing Address PO Box 30131	Amount of Each Disbursement this Period 750.04
	City Tampa State FL Zip Code 33630-3131	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: See Subvendor for Detail Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) VISA	Transaction ID: B-E-21843 Date of Disbursement 02 / 16 / 2009
	Mailing Address PO Box 30131	Amount of Each Disbursement this Period 882.13
	City Tampa State FL Zip Code 33630-3131	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: See Subvendor for Detail Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1632.17</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) BT Conferencing Inc.	Transaction ID: B-E-21848 Date of Disbursement 02 / 18 / 2009
	Mailing Address P.O. Box 7247-6051	Amount of Each Disbursement this Period 144.48
	City Philadelphia State PA Zip Code 19170-6051	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Conference Calls Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Totalfunds by Hasler	Transaction ID: B-E-21847 Date of Disbursement 02 / 18 / 2009
	Mailing Address PO Box 31021	Amount of Each Disbursement this Period 1000.00
	City Tampa State FL Zip Code 33631-3021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Paychex, Inc	Transaction ID: B-E-21845 Date of Disbursement 02 / 20 / 2009
	Mailing Address 1100 Adams Avenue	Amount of Each Disbursement this Period 128.94
	City Norristown State PA Zip Code 19403-2404	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Employers Payroll Tax Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1273.42

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Sara K Holcombe

Transaction ID: B-E-21844  
Date of Disbursement

Mailing Address 1030 E Lancaster Avenue  
Apt. 831

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	9

City State Zip Code  
Bryn Mawr PA 19010-1443

Amount of Each Disbursement this Period

1462.00
---------

Purpose of Disbursement  
Administrative/Salary/Overhead: Salary  
Candidate Name

001
-----

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Hilton Hotel Harrisburg

Transaction ID: B-S-1312  
Date of Disbursement

Mailing Address 1 N 2nd Street

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	9

City State Zip Code  
Harrisburg PA 17101-1601

Amount of Each Disbursement this Period

2107.30
---------

Purpose of Disbursement  
Thank You Reception  
Candidate Name

001
-----

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

**[MEMO ITEM]**  
Subitemization of VISA(03-11/09)

C.

Full Name (Last, First, Middle Initial)  
Complete Campaigns

Transaction ID: B-E-21862  
Date of Disbursement

Mailing Address 3635 Ruffin Road  
Floor 3

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

City State Zip Code  
San Diego CA 92123-1880

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
Credit Card Discount Fee  
Candidate Name

001
-----

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1512.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Campbell & Holste <hr/> Mailing Address 140 Littleton Road Suite 320 <hr/> City Parsippany State NJ Zip Code 07054-1867 <hr/> Purpose of Disbursement Consultant - Media Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-21867 Date of Disbursement 02 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 25400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Complete Campaigns <hr/> Mailing Address 3635 Ruffin Road Floor 3 <hr/> City San Diego State CA Zip Code 92123-1880 <hr/> Purpose of Disbursement Credit Card Discount Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-21869 Date of Disbursement 02 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 32.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Linda R Dexter <hr/> Mailing Address 19 Meadow Creek Lane <hr/> City Glenmoore State PA Zip Code 19343-2017 <hr/> Purpose of Disbursement Bookkeeping Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-21875 Date of Disbursement 03 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 1700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

27132.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
John C Mackey

Mailing Address 1230 Pottstown Pike  
Suite 5

City State Zip Code  
Glenmoore PA 19343-9533

Purpose of Disbursement  
Office Rent

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-21874  
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

1650.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Complete Campaigns

Mailing Address 3635 Ruffin Road  
Floor 3

City State Zip Code  
San Diego CA 92123-1880

Purpose of Disbursement  
Credit Card Discount Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-21876  
Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

11.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
J&B Cleaning Services

Mailing Address 7 Main Lin Drive

City State Zip Code  
Coatesville PA 19320-1457

Purpose of Disbursement  
Office Cleaning

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-21879  
Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

110.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1771.25

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 69 / 78

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Peco Energy Mailing Address 37629 PO Box City Philadelphia State PA Zip Code 19162-0437 Purpose of Disbursement Administrative/Salary/Overhead: Electric Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-21878 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 257.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 28000 City Lehigh Valley State PA Zip Code 18002-8000 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-21877 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 455.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) De Lage Landen Financial Services Mailing Address PO Box 41601 City Philadelphia State PA Zip Code 19101-1601 Purpose of Disbursement Copier Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-21889 Date of Disbursement 03 / 09 / 2009 Amount of Each Disbursement this Period 370.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1083.34

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Internal Revenue Service EFTPS

Mailing Address PO Box 173788

City State Zip Code  
Denver CO 80217-3788

Purpose of Disbursement  
1120 POL Corporate Tax

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-21891  
Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

2275.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Jim Gerlach

Mailing Address 649 Deep Hollow Lane

City State Zip Code  
Chester Springs PA 19425-1729

Purpose of Disbursement  
Reimburse Dinner Expense

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-21887  
Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

50.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Paychex, Inc

Mailing Address 1100 Adams Avenue

City State Zip Code  
Norristown PA 19403-2404

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-21900  
Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

126.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2451.90

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Sprint  Mailing Address PO Box 4181  City Carol Stream State IL Zip Code 60197-4181 Purpose of Disbursement Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-21893 Date of Disbursement 03 / 11 / 2009  Amount of Each Disbursement this Period 258.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) VISA  Mailing Address PO Box 30131  City Tampa State FL Zip Code 33630-3131 Purpose of Disbursement Other: See Subvendor for Detail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-21894 Date of Disbursement 03 / 11 / 2009  Amount of Each Disbursement this Period 2415.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Original vendors exceeding reporting threshold itemi- zed as memo transactions.
C.	Full Name (Last, First, Middle Initial) VISA  Mailing Address PO Box 30131  City Tampa State FL Zip Code 33630-3131 Purpose of Disbursement Other: See Subvendor for Detail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-21895 Date of Disbursement 03 / 11 / 2009  Amount of Each Disbursement this Period 1249.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Original vendors exceeding reporting threshold itemi- zed as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3923.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club			<b>Transaction ID:</b> B-E-21902																					
	Mailing Address 300 1st Street SE			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	3		1	2		2	0	0	9															
City Washington		State DC	Zip Code 20003-1801		Amount of Each Disbursement this Period																				
Purpose of Disbursement Dinner Expense		Candidate Name		<table border="1"> <tr> <td colspan="10">383.93</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		383.93																			
383.93																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001																					
State: District:																									
<b>B.</b>	Full Name (Last, First, Middle Initial) Direct Tv			<b>Transaction ID:</b> B-E-21901																					
	Mailing Address PO Box 60036			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	3		1	2		2	0	0	9															
City Los Angeles		State CA	Zip Code 90060-0036		Amount of Each Disbursement this Period																				
Purpose of Disbursement Administrative/Salary/Overhead: Cable TV		Candidate Name		<table border="1"> <tr> <td colspan="10">92.19</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		92.19																			
92.19																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001																					
State: District:																									
<b>C.</b>	Full Name (Last, First, Middle Initial) Foster Grandparents Program			<b>Transaction ID:</b> B-E-21896																					
	Mailing Address 3125 Ridge Pike			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	3		1	2		2	0	0	9															
City Eagleville		State PA	Zip Code 19403-1407		Amount of Each Disbursement this Period																				
Purpose of Disbursement Dinner Expense		Candidate Name		<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		250.00																			
250.00																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001																					
State: District:																									

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

<b>726.12</b>
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**TOTAL** This Period (last page this line number only) ..... ▶

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Gula Graham Group	Transaction ID: B-E-21898 Date of Disbursement 03 / 12 / 2009
	Mailing Address 700 12th Street NW Suite 700 City Washington State DC Zip Code 20005-4052	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Fundraising: Fundraising Retainer Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

B.	Full Name (Last, First, Middle Initial) Gula Graham Group	Transaction ID: B-E-21899 Date of Disbursement 03 / 12 / 2009
	Mailing Address 700 12th Street NW Suite 700 City Washington State DC Zip Code 20005-4052	Amount of Each Disbursement this Period 169.45
	Purpose of Disbursement Reimburse Fundraising Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

C.	Full Name (Last, First, Middle Initial) United Parcel Service Inc. Political Action Committee	Transaction ID: B-I-22016 Date of Disbursement 03 / 12 / 2009
	Mailing Address 55 Glenlake Parkway City Atlanta State GA Zip Code 30328-3474	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement Inkind: Fundraising Facility Usage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5369.45</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
United Parcel Service Inc. Political Action Committee

Mailing Address 55 Glenlake Parkway

City Atlanta State GA Zip Code 30328-3474

Purpose of Disbursement  
Inkind: Fundraising Catering

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-I-22017

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Sara K Holcombe

Mailing Address 1030 E Lancaster Avenue  
Apt. 831

City Bryn Mawr State PA Zip Code 19010-1443

Purpose of Disbursement  
Travel: Mileage Reimbursement

Candidate Name

002  
Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-21904

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Anthony A Maalouf

Mailing Address 202 First Avenue

City Newtown Square State PA Zip Code 19073-4505

Purpose of Disbursement  
Reimburse Health Insurance

Candidate Name

001  
Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-21897

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) United Parcel Service Inc. Political Action Committee</p> <p>Mailing Address 55 Glenlake Parkway</p> <p>City Atlanta State GA Zip Code 30328-3474</p> <p>Purpose of Disbursement Inkind: Fundraising Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-I-22018 <b>Date of Disbursement</b> 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 319.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) United Parcel Service Inc. Political Action Committee</p> <p>Mailing Address 55 Glenlake Parkway</p> <p>City Atlanta State GA Zip Code 30328-3474</p> <p>Purpose of Disbursement Inkind: Fundraising Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-I-22019 <b>Date of Disbursement</b> 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 209.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex, Inc</p> <p>Mailing Address 1100 Adams Avenue</p> <p>City Norristown State PA Zip Code 19403-2404</p> <p>Purpose of Disbursement Employer Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-21920 <b>Date of Disbursement</b> 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 30.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>558.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anthony A Maalouf</p> <p>Mailing Address 202 First Avenue</p> <p>City Newtown Square State PA Zip Code 19073-4505</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21919</p> <p>Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 308.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) M &amp; G Financial Services</p> <p>Mailing Address PO Box 867</p> <p>City Norristown State PA Zip Code 19404-0867</p> <p>Purpose of Disbursement Postage Machine Lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21928</p> <p>Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Linda R Dexter</p> <p>Mailing Address 19 Meadow Creek Lane</p> <p>City Glenmoore State PA Zip Code 19343-2017</p> <p>Purpose of Disbursement Reimburse FEC Seminar</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-21929</p> <p>Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**633.77**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Anthony A Maalouf

Mailing Address 202 First Avenue

City State Zip Code  
Newtown Square PA 19073-4505

Purpose of Disbursement  
Travel: Mileage Reimbursement

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-21960  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	3		3	1		2	0	0	9

Amount of Each Disbursement this Period

75.13
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

75.13

TOTAL This Period (last page this line number only) .....

98468.85

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jim Gerlach for Congress Committee

A.	Full Name (Last, First, Middle Initial) Republican Federal Committee Of Pennsylvania	Transaction ID: B-E-21792 Date of Disbursement 01 / 15 / 2009
	Mailing Address 717 N 2nd Street Suite 900	Amount of Each Disbursement this Period 900.00
	City Harrisburg State PA Zip Code 17102-3211	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution: Contribution Candidate Name Republican Federal Committee Of Pennsylvania Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Montgomery County Republican Committee	Transaction ID: B-E-21918 Date of Disbursement 03 / 18 / 2009
	Mailing Address 831 Dekalb Pike	Amount of Each Disbursement this Period 300.00
	City Blue Bell State PA Zip Code 19422-1215	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Political Contribution: Contribution Candidate Name Montgomery County Republican Committee Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Lake of the Woods Church	Transaction ID: B-E-21930 Date of Disbursement 03 / 26 / 2009
	Mailing Address 1 Church Lane	Amount of Each Disbursement this Period 250.00
	City Locust Grove State VA Zip Code 22508-5742	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Charitable Donation: Donation Candidate Name Category/Type 012	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1450.00</b>