

AUG 12 2013

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UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2012 - August 1, 2013

HOUSE OF REPRESENTATIVES

2013 AUG 19 AM 11:15

HOUSE OF REPRESENTATIVES

Name: George Dana Gollin

Daytime Telephone:

*cc*

(Office Use Only)

Filer Status

Candidate for the House of Representatives

State: FL District: 13

Date of Election: 3/18/14

Check if Amendment

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

New officer or employee

Employing Office:

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.

Yes  No

IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.

Yes  No

II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.

Yes  No

V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.

Yes  No

III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.

Yes  No

VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.

Yes  No

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?

Yes  No

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes  No

**SCHEDULE I – EARNED INCOME (INCLUDING HONORARIA)**

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| Source (include date of receipt for honoraria) |   | Type           | Amount                 |                |
|--|---|----------------|------------------------|----------------|
|  |   |                | Current Year to Filing | Preceding Year |
| Examples:                                      | XYZ Corporation, Houston, TX                          | Salary         | \$6,300                | \$28,450       |
|  | First Bank & Trust, Houston, TX                       | Director's Fee | \$400                  | \$3,200        |
|  | XYZ Trade Association, Chicago, IL (Rec'd December 2) | Honorarium     | 0                      | \$1,000        |
|  | Harris County, Texas Public Schools                   | Spouse Salary  | NA                     | NA             |
|  | University of Illinois, Urbana, IL                    | Salary         | \$88,208.34            | \$129,833.35   |
|  | University of Illinois, Urbana, IL                    | Spouse Salary  | N/A                    | N/A            |
|  |   |                |                        |                |
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**SCHEDULE III — LIABILITIES**

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

| SP, DC, JT | Creditor                                     | Date Liability Incurred mo/year | Type of Liability                      | Amount of Liability        |                            |                             |                              |                              |                                |                                  |                                   |                                    |                           |   |  |  |
|------------|--|---------------------------------|--|----------------------------|----------------------------|-----------------------------|------------------------------|------------------------------|--------------------------------|----------------------------------|-----------------------------------|------------------------------------|---------------------------|---|--|--|
|            |  |                                 |  | A<br>\$10,001—<br>\$15,000 | B<br>\$15,001—<br>\$50,000 | C<br>\$50,001—<br>\$100,000 | D<br>\$100,001—<br>\$250,000 | E<br>\$250,001—<br>\$500,000 | F<br>\$500,001—<br>\$1,000,000 | G<br>\$1,000,001—<br>\$5,000,000 | H<br>\$5,000,001—<br>\$25,000,000 | I<br>\$25,000,001—<br>\$50,000,000 | J<br>Over<br>\$50,000,000 | K<br>Spouse/DC<br>Liability over<br>\$1,000,000 |  |  |
|            | <i>Example:</i> First Bank of Wilmington, DE | May 1998                        | Mortgage on 123 Main Street, Dover, DE |                            |                            |                             | X                            |                              |                                |                                  |                                   |                                    |                           |   |  |  |
|            |  |                                 |  |                            |                            |                             |                              |                              |                                |                                  |                                   |                                    |                           |   |  |  |
|            |  |                                 |  |                            |                            |                             |                              |                              |                                |                                  |                                   |                                    |                           |   |  |  |
|            |  |                                 |  |                            |                            |                             |                              |                              |                                |                                  |                                   |                                    |                           |   |  |  |
|            |  |                                 |  |                            |                            |                             |                              |                              |                                |                                  |                                   |                                    |                           |   |  |  |

**SCHEDULE IV — POSITIONS**

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

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

| Position | Name of Organization                       |
|----------|--|
| Director | Council for Higher Education Accreditation |
|          |  |
|          |  |
|          |  |

**SCHEDULE V – AGREEMENTS**

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date             | Parties To                   | Terms of Agreement                     |
|------------------|------------------------------|--|
| enrolled<br>1989 | Myself and State of Illinois | University of Illinois Retirement Plan |
|                  |                              |  |
|                  |                              |  |
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|                  |                              |  |

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

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

| Source (Name and Address)                              | Brief Description of Duties |
|--|-----------------------------|
| <i>Example:</i> Doe Jones & Smith, Hometown, Homestate | Accounting services         |
|  |                             |
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# CAMPAIGN NOTICE

## REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk  
Office of the Clerk, U.S. House of Representatives  
Legislative Resource Center  
B-106 Cannon House Office Building  
Washington, DC 20515-6601

AUG 12 2013  
2013 AUG 13 11:11 AM

Indicate Your Status:  
(Select One)

Dear Madam Clerk:

Over \$5,000  
Threshold Not  
Exceeded

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal  
of Candidacy

This is to notify you that under the laws of the state of \_\_\_\_\_,

I withdrew my candidacy for the U.S. House of Representatives on \_\_\_\_\_.

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): George Dana Gollin

State: Illinois District: 13<sup>th</sup>

Date: 8/13/13

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:  
The Clerk, U.S. House of Representatives  
Legislative Resource Center  
B-106 Cannon House Office Building  
Washington, DC 20515-6601