



Filing ID #10068679

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Frank J. Mrvan
Status: Member
State/District: IN01

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2024
Filing Date: 05/14/2025

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
529 College [5P] LOCATION: IN	JT	\$1,001 - \$15,000	Tax-Deferred		<input type="checkbox"/>
First Midwest Savings [BA]	JT	\$1,001 - \$15,000	Interest	\$201 - \$1,000	<input type="checkbox"/>
Indiana PERF [DB]		Undetermined	Tax-Deferred		<input type="checkbox"/>
Peoples Bank [BA]	JT	\$1,001 - \$15,000	Interest	\$1 - \$200	<input type="checkbox"/>
Spouse 401k [PE]	SP	\$100,001 - \$250,000	Tax-Deferred		<input type="checkbox"/>

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Type	Amount
Bristol Myers Squibb	Spouse Salary	N/A

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Fay Servicing Chicago IL	August 2001	Mortgage on Home	\$250,001 - \$500,000
	Congressional Federal Credit Union	November 2024	Home Equity Loan	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
November 2005	State of Indiana and Frank J Mrvan	Continued participation in defined benefit plan

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

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

☐ Yes ☒ 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?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Frank J. Mrvan , 05/14/2025