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Yes No	,	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	ınearned" income, traı น have first consulted	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spothey meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics
No L	closed. Have you Yes	nd certain other "excepted trusts" need not be disc nild?	ommittee on Ethics ar	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?
STIONS	F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	TRUST INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ed and the s" response.	must be answer ed for each "Yes	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No O	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes  If yes, complete and attach Schedule V.
Yes No		JX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	s S	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
Yes No		VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	No C	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
Yes No		VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?  If yes, complete and attach Schedule VII.	S S	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
Yes No 📑		VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	No D	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I.
	i :	ANSWER EACH OF THESE QUESTIONS	ACH OF THES	PRELIMINARY INFORMATION — ANSWER E
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty s against anyone wi 30 days late.	or Employing Office: ee Termination Date:	Employee	Status House of Representatives District: 7  Report Type Member of the U.S. State: PA.  House of Representatives District: 7  Amendment
LEGISLATIVE RESOURCE CENTER  2812 MAY 15 PM 1: 59  U.S. HOUCOMO NEO KROANTATIVES	LEGISLATIVE RESOURCE CENTE  2812 MAY 15 PM 1: 59  OF THE CLERK  U.S. HOUGOMOR REP CHEMINATIVE	Daytime Telephone: ⊿02~ みど~ 30!)	Daytime	Name: PATRICK L. Heehan
	HAND	Form A For use by Members, officers, and employees	STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

## Name PATRICK Methen

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## SCHEDULE I—EARNED INCOME

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 of Reserve pay), lederal retirefit programs, and benefits received dider the Social Security Act.	Continue Coolege and and and Cooker Co	Carrey I we.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
HERCY HAR HARCTH CARE	SPOUSE SALARY	NA
DREXEL UNIV - SCHOOL OF NURSIES	stouse salary	NA
WIDENER UNIU - SCHOOL OF NURSUG	s Pouse salary	NA

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SEI SUP SOM JUDICK &	Nu La CAP billust!	NW 60 D	FID OTC	FID CONTRA		ınk of Paducal	· · ·	SP, Mega Corp. Stock	roll reliad of other real property retail or investifiers, provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property hold for investment and	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	BLOCK A  Asset and/or Income Source
X	<b>×</b>	*	<b>×</b>	×	<b>×</b>		Indefinite		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000	A B C D	year and is generated in "None."	If an asset wa	Indicate value reporting year. method other to please specify to	<
						×		×	\$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000	т О Т	year and is included only because it generated income, the value should be "None."	If an asset was sold during the reporting	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	BLOCK B Value of Asset
	~								\$25,000,001 - \$50,000,000 Over \$50,000,000 NONE	~				
× 	*	×	~	×	×	×		×	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED		disclosed as income. Check "None" if the asset generated no income during the reporting period.	Dividends, interest, and capital	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you	BLOCK C  Type of Income
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		, Check "None" no income dur- d.	and capital	that apply. For hat do not allow investments <u>or</u> served income s or IRAs), you	me
<b>×</b>	×	×	×	*	×			×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500	= =	earned or generated	reinvested, must be	For assets to Deferred" in E "None" column cate the categ the appropria	Amo
						×	×		\$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	V VI VII VII X X XI	earned or generated.	interest, and capital gains, even in reinvested, must be disclosed as income their first income with the incom	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends</b> ,	BLOCK D  Amount of Income
								S (partial)	sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	-	7	reporting	asset had purchases (P), sales (S), or exchanges (E) exceeding	BLOCK E Transaction

For additional assets and unearned income, use next page,

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	"UNEARNED" INCOME	Name PATRICK	Heehan	Page 4 of 7
Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D  Amount of Income	BLOCK E
S.P.		ī		
DC,	0 0 000 0,000	е		m ʻʻo
JT	,000 0,000 50,000 00,000 ,000,0 55,000 \$50,0	IS LIND	0 00 000 00,000	
	- \$15,4 - \$50 - \$10 01 - \$2 01 - \$5 01 - \$1 001 - \$ 001 - \$ 0,001 -	NDS EST L GAII TED/B FERR ype of /: e.g., ship In	51,000 - \$2,500 - \$5,000 - \$15,00 - \$50,0 - \$100 1 - \$1,00 101 - \$5	
	None \$1 - \$1 \$1,001 \$15,00 \$50,00 \$250,0 \$500,0 \$5,000 \$25,00 Over \$	NONE DIVIDE RENT INTER CAPIT/ EXCEF TAX-DE Other I (Specif Farm I	None \$1 - \$2 \$201 - \$1,001 \$2,501 \$5,001 \$15,001 \$100,00 \$1,000,00	
prof rest families (9,50h de	X	X	X	
-2	*	×	×	
SP VAN GUARD WINDSDET FIND	*	×	×	
SP CINCOLU 403(b) RATINEMENT	*	*	×	
SO ARTIO WILL EQUITY AND CLA	*	*	X	
SP HARBOC CAPITAL APPRIC.	×	×	*	]
SP LINCOLLO STABLE VALUE 634	*	×	X	
SP PILLCO THINK BETWEN INST	*	<b>X</b>	*	
SP VANGUARD INST INDX	<b>X</b>	*		
-	*	*	<b>×</b>	
TT BOUNDERS BANK ROCKS	<b>&gt;</b>	*	<b>×</b>	POWEL DE
HillARD LYBUS GOUT Found	×	*	×	
BLACK POCK INSE MURTHER	*	_	*	
	*	<b>X</b> .	<b>X</b>	}
BANKOF AMERICA TARA	×	*	×	

### SCHEDULE V— LIABILITIES

Name PATRICK Merhan

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mortgages on personal residences charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report 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 Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

	_	_	•	_
	:		SP, DC, JT	
	NORTHI	Example:		
	NORTHWEST SAULUS BAUK Pa	First Bank of Wilmington, DE	Creditor	
	4-09	May 1998	Oate Liability Incurred Mo/Year	
DEXEL HIII, PA	4-09 MARTHALLE 1829 EDMINOS ALE	Mortgage on 123 Main St., Dover, DE	Type of Liability	
			\$10,001- \$15,000	
			\$15,001- \$50,000	
			\$50,001- \$100,000	
	×	×	\$100,001- \$250,000	Amon
			\$250,001- \$500,000 m	3
			\$1,000,001	Amount of I ishility
	:		\$5,000,000 \$5,000,001- <b>—</b>	<
			\$25,000,000 <b>\$</b>	
		<b> </b>	\$50,000,000 Over \$50,000,000 C	

#### SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

 ,	,			_		_
			mr. Carl Essey, Philadelphia, PA	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			mr. Carl Essey, Philadelphia, PA Tournament entry free Outwoministry on grasmit friendship	Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
		• 9 9	¥ 595.00	\$375	Value	

Name PATRICK Meehaw

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# SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

AMERICAN - ISBARI COVERTION TOWN. Examples: Chicago Chamber of Commerce Roycroft Corporation 8-13708-21-11 Ph. 10- Jeansalmy - Ph. 10 Aug. 6-11 Date(s) Mar. 2 City of Departure—Destination— DC—Los Angeles—Cleveland DC—Chicago—DC City of Return Lodging? (Y/N) × < z Food? < z ≺ . Was a Family Member Included? 3 2 z ≺! Number of days <u>not</u> at sponsor's expense Nove 2 Days None

## SCHEDULE VIII—POSITIONS

Name PATRICK MERHON

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organization, or any educational or other institution other than the United States proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

		, 6	###	Position	
		UNITED STATES Holocaust MEMORIAL MUSEUM		Name of Organization	

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

 	 	 		_
			Date	
		HIM	Parties To	
			Terms of Agreement	