

DEC 28 2017

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT**

**FORM B**  
For New Members, Candidates, and New Employees

Page 1 of 3  
LEGISLATIVE RESOURCE CENTER  
18 JAN -3 PM 1:58

Name: Daniel P. Meyer Daytime Telephone: \_\_\_\_\_

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>PA</u> District: <u>11</u>	<input type="checkbox"/> Check if Amendment	Period Covered: January 1, <u>2016</u> to <u>November 30, 2017</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	Candidates - Date of Election: <u>May 15, 2018</u>				
	<input type="checkbox"/> New Officer or Employee	Employing Office: _____	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant		

(Office Use Only)

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"  
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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 that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## Page 2 of 32

[illegible]

Page 3 of 32

**Use additional sheets if more space is required.**

Page 4 of 32

**Use additional sheets if more space is required.**

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Daniel P. Meuser

Page 5 of 32

BLOCK A		BLOCK B													BLOCK C							BLOCK D																								
Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
																							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$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	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$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	Spouse/DC Income over \$1,000,000*	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$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	Spouse/DC Income over \$1,000,000*
SP	VANG. RUSSELL 1000 VHL																																													
SP	VANG. SP 500																																													
SP	VANG. SM. CAP.																																													
SP	SHARES 349 MAR'L																																													
DC	CHUBB LTD.																																													
DC	FNB Corp																																													
DC	TPMORGAN																																													
DC	DNC																																													
DC	WELLS FARGO																																													
DC	W.P. CAREY																																													
DC	Genuine Parts																																													
DC	LEGGETT & PLATT																																													
DC	McDonough's																																													
DC	NIKE INC. CLB																																													
DC	Coca Cola																																													

Use additional sheets if more space is required.

## Page 6 of 32

**Use additional sheets if more space is required.**

Page 7 of 32

**Use additional sheets if more space is required.**

Page 8 of 32

**Use additional sheets if more space is required.**



Page 9 of 32[illegible]

Page 10 of 32

**Use additional sheets if more space is required.**

## Page 11 of 32

**Use additional sheets if more space is required.**

Page 12 of 32

**Use additional sheets if more space is required.**

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Daniel P. Meuser

Page 13 of 32

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income																																			
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year																							
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$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	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII												
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA									X																																																
①	DC PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA									X																																																
②	DC PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA									X																																																
③	DC PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA									X																																																
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									
	SP PRIDE MOBILITY Prod Co. HEALTH CARE EXETER, PA																																																									

Page 14 of 32

**Use additional sheets if more space is required.**

Page 15 of 32

**Use additional sheets if more space is required.**

Page 16 of 32

**Use additional sheets if more space is required.**



Page 17 of 32

**Use additional sheets if more space is required.**

Page 18 of 32

**Use additional sheets if more space is required.**

Page 19 of 32

**Use additional sheets if more space is required.**

Page 20 of 32[illegible]

**Use additional sheets if more space is required.**

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Daniel P. Meuser

Page 21 of 32

BLOCK A		BLOCK B													BLOCK C							BLOCK D																								
Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$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	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
DC	McDouglas's			X																																										
DC	MEDTRONIC PLC			X																																										
DC	PERZEX INC.			X																																										
DC	PNC FINANCIAL SVC.			X																																										
DC	ROCHE ASSO. AG			X																																										
DC	WASTE MANAGEMENT INC.						X																																							
DC	WEISS FARGO			X																																										
DC	ETFMS PRIME CYBER			X																																										
DC	ISHARES NATI MUNI				X																																									
DC	VANG FTSE ALL WORLD				X																																									
DC	VANG MID CAP ETF				X																																									
DC	VANG RUS/1000 GRW					X																																								
DC	VANG RUS/1000 VALUE					X																																								
DC	VANG S&P 500 ETF			X																																										
DC	VANG SMID CAP ETF			X																																										

Page 22 of 32

**Use additional sheets if more space is required.**

## Page 23 of 32

[illegible]

**Use additional sheets if more space is required.**

Page 24 of 32

**Use additional sheets if more space is required.**



Page 25 of 32

**Use additional sheets if more space is required.**

Page 26 of 32

**Use additional sheets if more space is required.**

## Page 27 of 32

**Use additional sheets if more space is required.**

Page 28 of 32

**Use additional sheets if more space is required.**



# **SCHEDULE D - LIABILITIES**

Name: Daniel A. Meuser

Page 30 of 32

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$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	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	6/98	Mortgage on Rental Property, Dover, DE				X							
SP	SCHUBB	9/17	MARGIN LOAN			X								
	PRIDE Mobility Products Corp	7/15	PROMISSORY NOTE					X						

## **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
DIRECTOR	PRIDE MOBILITY PRODUCTS CORPORATION

# SCHEDULE F - AGREEMENTS

Name: Daniel P. Meuser

Page 31 of 32

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 Agreement	Terms of Agreement

## SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

## Page 32 of 32

[illegible]

**Use additional sheets if more space is required.**