#### E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? 2013 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: PATRICK TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed, this report details of such a trust that benefits you, your spouse, or dependent child? IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: tests for exemption? 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 reporting period? exceeding \$1,000 during the reporting period? REPORT TYPE FILER STATUS Make more than \$200 in unearned income from any reportable Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? $\geq$ **×** Do not answer "yes" unless you have first consulted with the Committee on Ethics 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for State: District: 771 C ¥95 Ύes Yes **29** Yes Daytime Telephone: 202 202 2011 × $\times$ × × Amendment Z Ş Z Z For Use by Members, Officers, and Employees 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? ATTACH THE CORRESPONDING SCHEDULE Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single \$350 in value from a single source during the reporting period? source during the reporting period? reportable travel or reimbursements for travel totaling more than Employee Officer or Employing Office Termination Date Have you excluded from ML 2014 HAY 13 PH 12: 32 U.S. HOUSFORF OF THE CLERK **LEGISLATIVE RESOURCE CENTER** HAND DELINEREL IF YOU ANSWER "YES" ¥**9**\$ Yes Yes Yes Yes ¥95 Yes $\bar{\mathbf{x}}$ 공 Š S ᆼ

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## SCHEDULE A - ASSETS & "UNEARNED INCOME

	UNEARNED INCOME"
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Page of 10	ر د د

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NWEDING SUC	NW LRG CF GRWTH	SEISPSOO INDIE	FID OTC	Decomment of y 4076)	TIES TO MED TOWN BY	Æ	Examples: Simon & Schuster	SP Mega Corp. Stock Elf	For bank and other cash accounts, total the annount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.  For rental and other real property hald for investment, provide a complete address or description, e.g., 'rental property,' and a city and state.  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); and any financial interest in, or income denied from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	(No link use only waker symbols).  For all IRAs and other rethement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source off income that generated more than \$200 in "unearned" income that generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds for the provide complete that the provide source where the provide complete that the provide source and th	Asset and/or income source
									None		2 - 2 - 2 - 2 - 2	_
		Ŀ	<u> </u>			_	=	Н		<u>'</u>	ndicate value of asset at close of the reporting period. If you use it statustion method other than fair market value, please specify the methor used.  It is a saset was sold during the reporting period and is included only because it generated income, the value should be "None."  Column M is for assets held by your spouse or dependent child in which you have no interest.	
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-			<del> </del>					1	\$25,000,001-\$50,000,000		edify the size is income.	
									Over \$50,000,000		you u he me luded	
									Spouse/DC Asset over \$1,000,000*	:		
									NONE		Check all columns that apply. For accoungements tax-deferred income (such as 401(ts), 529 accounts), you may check the "Tax-D column. Dividends, interest, and capital even if reinvested, must be disclosed as for assets held in taxable accounts. Check if the asset generated no income during the period.	
ᆇ	×	×	$\succeq$	$\succeq$	×	L		×	DIVIDENDS		Check all columns that apply. For accoupensate bax-deferred income (such as 401(k) 529 accounts), you may check the "Tax-Ecolumn. Dividends, interest, and capital even if reinvested, must be disclosed as for assets held in taxable accounts. Check if the asset generated no income during the period.	
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						Partnership Income	Royallos		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check ell columns that apply. For accounts that generate tex-deferred income (such as 401(t), IRA, or 529 accounts), you may check the "Tex-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	
X	×	×	X	X	×				None	child i	For assets may check category c Dividends must be accounts.	
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	<u> </u>		╀	$\vdash$		Ͱ	╀	<del> </del>			ked "Tax-Deferre  i. For all other a  king the appro-  pital gains, ev  ome for assets  if no income	
-	-	H	╁	├	-	┨	╁	+		-	For assets for which you checked "Tax-Deferred" in B may check the "None" column. For all other assets in category of income by checking the appropriate Dividents, Interest, and capital gains, even if it must be disclosed as income for assets held accounts. Check "None" if no income was generated.	
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_	┢		╁	-	+	┢	╁		Over \$5,000,000	<u>-</u>	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. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if no income was earned or generated.	
Г					+	T		1	Spouse/DC Asset with Income over \$1,000,000*	≦	lock C, you indicate the box below. reinvested, in taxable earned or dependent	
								S(part)	blank if nath that each \$1,000.	an as pleas follow	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.	
1	1								blank if there are no transactions that exceeded \$1,000.	if only a portion of an asset was sold, please indicate as follows: (S (part)).	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1.0 exceeding \$1.0 period.	
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#### SCHEDULE B - TRANSACTIONS

Name: PATRICK KIEE/HAL) Page 4 of 10

											NW FNO NST SUC	NW END D	SP Example Mega Corp. Stock	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gelin in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.  *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
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一											×	×	Г		\$1,001- \$15,060	>	
		 			 								×		\$15,001- \$50,000	6	
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	<u> </u>				-										\$100,001- \$250,000	0	A.
															\$250,601- \$500,000	m	Amount
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															\$1,000,001- \$5,000,000	o	Transaction
															\$5,000,001- \$25,000,000	Ι	ĭ
															\$25,900,001- \$50,000,000		
															Over \$50,000,0	oo _	
															Over \$1,000,00 (Spouse/DC As		

### SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. 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.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					DREXEL UNIVERSITY - SCHOOL OF NURSING	NERCY HOME HUSCH CARE	West chester University	Ontario County Board of Education	Examples: State of Maryland	Keene State	Source (include date of receipt for honoraria)
					SANGE SALARY	s buse salact	SPOUL SACANY	Spouse Salary	Legislative Pension	Approved Teaching Fee	Турө
					L/A	ro/10	wha	N/A	\$18,000	\$6,000	Amount

#### SCHEDULE D - LIABILITIES

Name: PATRICK MEEHAN Page\_ <u>o</u>

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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. 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 liabil); 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 reporting period exceeded \$10,000. Column K is for liabilities held solely by your spouse or dependent child.

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		7		27		SP, DC, JT		
	Nec	Blue:		NORT	Example			
,	NOWACK NIT	BLUESKY-AMARICALI CHOUSE 11-13 CREDIT CARD		HWASISUGS BANK-DA	First Bank of Wilmington, DE	Creditor		
		11-13		APR-08	5/98	Date Liability Incurred MO/YR		
		CREAT CARD	ALTO DROYAL HILL PA	NORTHWASTSUGS BANK-PA APR-DJ MORTURGE-GONGLOS	Mortgage on Rental Property, Dover, DE	Type of Liability		
		X				\$10,001- \$15,000	<b>&gt;</b>	
						\$15,001- \$50,000	9	
						\$50,001- \$100,000	0	
				X	×	\$100,001- \$250,000	D	<b>&gt;</b>
						\$250,001- \$500,000	m	Amount of Liability
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						\$5,000,001- \$25,000,000	Ξ	
						\$25,000,001- \$50,000,000	-	
					_		J	
						Over \$1,000,000* (Spouse/DC Liability)	~	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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 listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
MOMORIAL COUNTRIL	UNITED STATES HOLOGAUST MEMBRIAL MUSEUM

#### SCHEDULE F - AGREEMENTS

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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.

#### **SCHEDULE G - GIFTS**

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from 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. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example	Mr. Joseph Smith, Adington, VA	Silver Platter (determination of personal mendship received from the Ethics Committee)	\$400
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# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE.** Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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 (FGDA, 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 the filer.

Call page						
	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 5-11	DC-Beijing, China - DC	٧	۲	Z
ехатрю»:	Habilat for Humanity (charty fundraissi)	Mar. 3-4	DC-Boston-DC	γ	٧	٧
FRAN	FRANKLIN CENTER RIPAN SOC.	Aub 10-18	Phila-Dubling - Phila	×	×	ч
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# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine NA Source Activity Feb. 2, 2013 Aug. 13, 2013 Date Amount \$2,000 \$500

FILER NOTES (Optional)

Name: PATRICIC RIEFHAN PageLD of LD

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