

Name: 2014 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES PATRICK MEEHAN Daytime Telephone: 202 つみらー 2011 For Use by Members, Officers, and Employees Form A

LEGISLATIVE RESOURCE CENTES

2015 MAY 13 PM 4: 22

OFFICE OF THE CLERK

OWS. HOUSE OF REPRESENTATIVES

REPORT TYPE FILER STATUS × Member of or Candidate for 2014 Annual (Due: May 15, 2015) U.S. House of Representatives District: 772 Amendment Employee Officer or Employing Office: Termination Date of Termination: (Office Use Only)

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

PATRICK MEGHAN

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AP 66	NW FO INST SVC	FID OTC	OFLAWAREWUTY 457 (b)	LIFE STE MOD GRATHFULD	ABCHedge Fund X	Examples	SP, Mega Corp. Stock (BF	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	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 derived from, a federal refrement program, including the Thrift Savings Plan.	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.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property,* and a city and state.	For bank and other cash accounts, total the amount 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 all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identity (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 pends, and (b) any other reportable asset or source of income that generated more than \$200 in 'uneamed' income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Asset and/or income Source	BLOCKA
**	X	X	X	×	×	Indefinite	×	None \$1,51,000 \$1,001-\$15, \$15,001-\$50 \$50,001-\$10 \$100,001-\$2 \$50,001-\$1 \$500,001-\$1	0000					> @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset 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.	Value of Asset	BLOCK B
XX ,	X	X	×	X	Partnership	Royalties	×	Over \$30,00 Spouse/DC. NONE DMIDENDS RENIT INTEREST CAPITAL G EXCEPTED TAX-DEFER	-\$50,000,000 0,000 Asset over \$1,	Т	arm Income)			Z		Check all columns that apply. For account of the control of the control of the control of the control of the column. Dividends, interest, and capits even if reinvested, must be disclosed as for assets held in taxable accounts. Check if the asset generated no income during the period.	Type of Income	BLOCK C
××.		X	×	X			X S(pan)	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,5 \$2,501-\$5,001-\$5,001-\$15,001-\$6 \$50,001-\$16 \$1,000,001-\$1 \$1,000,001-\$1 \$2,000 \$2,00	000,000	ome over \$1,				II III V V M Mt MII IX X X XI Leave this column blank if there are no transactions that exceeded \$1,000.	in which you have no interest. an asset was sold please indicate as follows: (S (part)).	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 semed or generated.	come Tra	BLOCK D BLOCK E

Name: PATRICK MEEHAN

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Use additional sheets if more space is required	SP CONSTIBLY SM CP	NES-FAIC TRAPELUR	BLACK PK INSOH I WOX		BANK OF ANDE IRA	JT SOHNA BANK AC	Ι	1	SP VNWAD INST INDX	SP AMFOSSURAPAC GRW	SP UNGED TREAT RET'25	SF PIMCOTOTAL POR JUST	SP LINC STOL VAL	SP UNGRO MIDEP INDX	5P UNGROGE WOLLINST	SP UNDER WINSR I FNOWN	SP UNGRO GR INDY FUR INV	SP UNDED BETWEEN	SP, DC, ASSET NAME EIF		BLOCK A Asset and/or Income Source
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		L						<u> </u>		<u> </u>								_		Over \$5,000,000	
		Į.																		Spouse/DC Asset with Income over \$1,000,000*	
	v							ኦ												P. S. S(part), or E	BLOCK E Transaction

SCHEDULE B - TRANSACTIONS

Name: PATRICK HEEHAN Page_ 4 of 10

									,	SP CALXESTAGE SHCP	SP ROYCE LF STOCK INST	Sp Bample Mega Corp. Stock	SP,DC,Л Asset	Capital Gains: If a sales transaction resulted in a capital gain 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
										×				Purchase		Ι¥Ι
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														Over \$1,000,000 (Spouse/DC Ass		

SCHEDULE C - EARNED INCOME

Name: PATRICK	
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Page S of D	

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

INCOME LIMITS and PROHIBITED INCOME: The 2014 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.

	•	
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee	\$6,000 *18,000
EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech	\$1,000 N/A
WEST CHESTER UNIU	SPOUSE SALARY	N/A
MERCY HOME HEALTHCARE	SPOUSE SALARY	N/B
		•
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SCHEDULE D - LIABILITIES

Name:	
PATRICK	
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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 liable); and liabilities owed to *Column K is for liabilities held solely by your spouse or dependent child. 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.

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	blue:	brith	Example			
	~	NORTHWEST SUNS CANK-PA	First Bank of Wilmington, DE	Creditor		
	11/14	4/09	5/98	Date Liability Incurred MO/YR		
	CRIDIT CARO	HORTHAGE - HAME - DESTRIPTION	Mortgage on Rental Property, Dover, DE	Type of Liability		
	×			\$10,001- \$15,000	>	
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				Over \$50,000,000	C.	
				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 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
HEMORIAL COUNCIL	UNITED STATES HOLD CAUST HEMORIAL HUSEUM

SCHEDULE F - AGREEMENTS

	Name: PATRICK MEEHAN Page 7 of 10
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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.

Date	Parties to Agreement	Terms of Agreement
	N/A	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your 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 \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

			UR STEPHEN HARMELIN	拉拉	Example: Mr. Joseph Smith, Adington, VA	Source
		OF PORSOUAL FRIENDSHIP Received FROM ETHICS COMM)	2014 Phila ORELLISTRA ACADEMY BAIL- (DETERMINATION		Silver Platter (determination of personal friendship received from the Ethics Committee)	Description
			830		\$400	Value

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

	SEMENTS
Name:	
PATRICK	•
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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 \$375 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: 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.

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						FRANKLIN CONTR-PIAN SOCIETY	GOUT OF BRAZIC - MECEA	Habitator Humanity (charity fundraises)	Government of China (MECSA)	Source	
					1		6-10/5-17	Mac 3-4	Aug 6-11	Date(s)	
					7	Phila-ROMO, ITACY - Phila	Phila - SAO Paulo - DC	DC-Boston-DC	ccesjing china - cc	City of Departure – Destination — City of Return	
						Y	く	¥	Y	Lodging? (Y/N)	
						~	<	Υ	Υ	Food? (Y/N)	
						×	ح	Υ	z	Family Member Included? (Y/N)	

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	
PATRICK	
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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 separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	onsor of an event to a charitable organ	a charitable organization in lieu of paying an honorarium to you. A	honorarium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2014 Aug. 13, 2014	\$2,000 \$500
N/A			
	. S.		
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FILER NOTES (Optional)

Name: PATRICK MEETHAN

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