UNITED ST	UNITED STATES HOUSE OF REPRESENTATIVES	,	FORM B	LEGISLATIVE RESOURCE CENTER	CENTER /
FINANCIAL DI	FINANCIAL DISCLOSURE STATEMENT	For New Members,	For New Members, Candidates, and New Employees	18 OCT 16 PM12: 53	?: 5 3
Name: D	Daniel P. Meuser	Daytime Telephone:	one:	U.S. H. C. C. P. Learner IVES	MINES
FLER	New Member of or Candidate for State: / U.S. House of Representatives District: / Candidates - Date of Election: //ovember	6 2018 11	Check if Amendment	(Office Use Only)	
STATUS	New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principel Assistant	Period Covered: January 1, 26/2 to September 15, 20/8	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.	t against any I days late.
PRELIMINAR	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	OF THESE QUEST	IONS		
A. Did you, your sy a. Own any repx end of the rep b. Receive more asset during t	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? Or Yes b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No L	E. Did you hold any reportable positions during the reporting period or in the current calender year up through the dats of filing?	filing? Yes X	₹
C. Did you or your honoraris, or pens reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoreria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	*	F. Did you have any reportable agreement or arrangement with an outside enaity during the reporting period or in the current calendar year up through the date of filing?	1 mm	₹
D. Did you, your si liability (more than	D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	∑ ₹	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	š	₹ ∑
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANS THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE RE	RESPONDING SCH		SWER "YES" QUIRED TO COMPLETE	
EXCLUSION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH	IT INFORMATION		OF THESE QUESTIONS	
TRUSTS - Details from this report de	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not from this report details of such a trust that benefits you, your spouse, or dependent child?	tee on Ethics and certain oth ident child?		be disclosed. Have you excluded Yes	ž X
EXEMPTION Ha exemption? Do no	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.	ed income, or liabilities of a semittee on Ethics.	spouse or dependent child because they mee	t all three tests for Yes	₹ X

Daniel P. Meuser Page 잋

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MEGIDIAN SM. CARGA FO.	JPMORGAN U.S. Sm.	LSV VALUE EQ.	MYT BAOKER- CASH BAL	OT WILM. U.S. GOV MA	ABCH	Examples: Simon	Меда С	Torbank and other cash accounts, total the error state of the cash accounts, total the error state of the cash accounts. If the total is \$5,000, list every financial institution where it more than \$1,000 in interest-bearing accounts. For rental and other real property held for invest provide a complete address or description rental property," and a city and state. For an ownership interest in a privately-held but the property and a city and state the name business, the nature of its activities, an geographic location in Block A. Exclude: Your personal residence, including a temperature during the reporting period; and any fit interest in, or income derived from, a it restirement program, including the Thrift Saving: If you have a privately-traded fund that is an Eurincome source is that of your spouse if you have a privately-traded fund that is an Eurincome source is that of your spouse if you have a choose, you may indicate that an exincome source is that of your spouse in the optional column on the far left. For a detailed discussion of Schedule A require please refer to the instruction booklet.	all IRAs and other (k) plans) provide the vaccount that exceeds	identify (a) each asset held production of income and with exceeding \$1,000 at the end of and (b) any other reportable asse which generated more than \$1 income during the year. Frovide complete names of stock (do not use only ticker symbols).	Assets and/or I	5
CAPGA FD.	4.5. Sm. Co.Fo.	Ep. 120.	e- 0454 84L	ON MM	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	ure account that exceeds the reporting irrestrants. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the lover \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "ental property," and a city and state. For an ownership interest in a privately-held business the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second increase and vecation homes endered from, a federal income during the reporting period); and any financial increase during the reporting period; and any financial increase during the reporting period; and any financial interest in, or income diaphored from, a federal refirement 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 loff 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.	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.	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 of income which generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Assets and/or Income Sources	BLOCKA
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	×		X	╁	-	╁	 	None >	ł	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.		
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								TAX-DEFERRED		columns that apply. For male tax-deferred income and accounts), you in Deferred column. Deferred column. In and capital galins, and capital galins, and capital galins, in the account the asset generated in reporting period.	Ħ	
					Partnership	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disolosed as income for assets held in transhe accounts. Check "None" if the asset generated no income during the reporting period.		
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Name: Daniel A. Meuser

BLOCK A	ВГОСК В	BLOCK C	вгоск р	
Assets and/or income Sources	Value of Asset	Type of Income	Amount of Income	ne
			Current Year	Preceding Year
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TT WILM. MULTI. MEA REAL ASK	X	×	X	X
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SCHEDULE A -	
ASSETS &	
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Name: Daniel A. Meuser

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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

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Daniel A. Meuser

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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 both the filer and filer's 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: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27.765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	come may apply to you after yo imit is \$28,050. In addition, cert staff.	u are on House payroll. The 2017 ain types of income (notably honorar	limit on outside earned income for ta, director's fees, and payments for
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Examples: State of Naryand Civi War Roundable (Oct. 2)	Salary Spouse Speech	\$20.000 \$6	\$78,000 \$1,000
Onlario County Board of Education	Spouse Salary	NA	N/A
Avide matilial Products Corn	Salar	41,407 274	*400 000
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SCHEDULE D - LIABILITIES

Name: Daniel P. Meuser

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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. 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.

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SP. DC. JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000		\$100,001- \$250,000		\$250,000 \$250,001-	\$250,000 \$250,001- \$500,000 \$500,001-	\$250,000 \$250,001- \$500,000 \$500,001- \$1,000,000	\$250,000 \$250,001- \$500,000 \$500,001- \$1,000,000 \$1,000,001- \$5,000,000	\$250,000 \$250,001- \$500,000 \$500,001- \$1,000,000 \$1,000,001- \$5,000,000 \$5,000,000 \$25,000,000
	Example First Bank of Wilmington, DE	\$49.8	Mongage on Rental Property, Dorer, DE					×	×	×	×	×	×	×
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	Pride Mobility And Corp.	21/5	fromissory Note					W	×	X	X	X	X	X
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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 Corp.

SCHEDULE F - AGREEMENTS

Name: Daniel A. Meuser
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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 teave 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.

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

Name: Daniel P. Meuser

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