The same of the sa
DELI
1
773
70
771
Carried I

	hild Yes No No	ome, transactions, or liabilities of a spouse or dependent ci s" unless you have first consulted with the Committee on E	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 tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Exemptions Hav	
	Yes No No	e on Ethics and certain other "excepted trusts" need not be t benefiting you, your spouse, or dependent child?	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Trusts Deta	
	Yes 🗌 No 🗹	l Public Offering?	Did you purchase any shares that were allocated as a part of an Initial Public Offering?	IPO Did	
	SE QUESTIONS	FORMATION ANSWER EACH OF THESE QUESTIONS	OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	IPO and EXCLUSION OF	'
	and the appropriate	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	V. (more than \$10,000) during the reporting perior of yeas, complete and attach Schedule V	
		If yes, complete and attach Schedule IX.	ch Schedule IV.	If yes, complete and attach Schedule IV.	_
	outside Yes 🗆 No 🗹	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes V No D period?	Did you, your spouse, or d IV. reportable asset in a trans- period?	
	Yes No 🗸	VIII. current calendar year? If yes, complete and attach Schedule VIII.	any reportable asset worth Yes 🗸 No 🗌	III. more than \$200 in the reporting period or hold more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	
		If yes, complete and attach Schedule VII.	ch Schedule II.	If yes, complete and attach Schedule II.	_
	e travel or han \$350 Yes 🗸 No 🗌	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Did any Individual or organization make a donation to charity in lieu of paying Yes No V Yes No V	Did any Individual or organ II. you for a speech, appearan	
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	_
	therwise Yes No 🗸	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise	pid you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes ☑ No ☐	Did you or your spouse ha	
		QUESTIONS	ANSWER EACH OF THESE	PRELIMINARY INFORMATION	
	more than 30 days late.	Termination Date: on	Annual (May 15) Amendment Termination	Report	
	A \$200 penalty shall be assessed against	Officer Or Employing Office: Employee	Member of the U.S. State: VA	Filer	
_3	S. H.(Office Use Only)	(Daytime Telephone)	(Full Name)		
~	2013 JUN 12 PM 4: 15		James P. Moran		
i		FORM A Page 1 of 5 For use by Members, officers, and employees	HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	CALENDAR YEAR 2012 FINANCIAL	
Ë	DAY UNLIVERS				_

SCHEDULE I - EARNED INCOME

Name James P. Moran

Page 2 of 5

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 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.

Source	Туре	Amount
George Mason University	Approved Teaching Fee	\$10,000

റ
÷
m
-
2
\subseteq
11
_
≡
1
D
in
Š
Щ
7
S
Ъ
Ź
Z
U
3
Z
m
-
7
R
RNE
RNED
RNED"
RNED"
RNED" IN
RNED" INC
RNED" INCO

optional column on the far left. 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 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 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 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 For a detailed discussion of Schedule III requirements, please refer to the Savings Plan. location in Block A. a description, e.g., "rental property," and a city and state. For rental or other real property held for investment, provide a complete address or each asset held in the account that exceeds the reporting thresholds. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for Provide complete names of stocks and mutual funds (do not use ticker symbols.) instruction booklet. "unearned" income during the year. Asset and/or Income Source Account Royal Alliance Money Market **BLOCK A** <u>≤</u> value should be "None." held solely by your spouse or dependent child. generated income, the the reporting year and is included only because it method other than fair market value, please If an asset was sold during specify the method used. close of reporting year. If you use a valuation indicate value of asset at Value of Asset This column is for assets 15,000 1,001 -Year-End Name James P. Moran BLOCK B during the reporting period. and capital gains, even if DIVIDENDS the asset generated no income as income. Check "None" if reinvested, must be disclosed you may check the "None" (such as 401(k) plans or IRAs), generate tax-deferred income specific investments or that do not allow you to choose For retirement accounts that Check all columns that apply. Type of Income BLOCK C \$1 - \$200 or generated. category of Income by checking the appropriate box below. by your spouse or dependent * This column is for income generated by assets held solely "None" if no income was earned disclosed as Income. Check gains, even if reinvested, must be Dividends, interest, and capital For all other assets, indicate the may check the "None" column. For assets for which you checked "Tax-Deferred" in Block C, you **Amount of Income** BLOCK D exceeding \$1,000 in exchanges (E) sales (S), or reporting year. had purchases (P), indicate if asset Transaction BLOCK E Page 3 of 5

SCHEDULE IV - TRANSACTIONS

Name James P. Moran Page 4 of 5

is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions

This column is for assets solely held by your spouse or dependent child.

				J DC,
OEX Puts 600 7/12	OEX Puts 560 7/12	OEX Puts 560 7/12	OEX Puts, 560 12/12	Asset
P	တ	סי	S	Type of Transaction
No	No	No	No	Capital Gain in Excess of \$200?
06-29-12	06-21-12	06-14-12	01-03-12	Date
\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	Amount of Transaction

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James P. Moran

Page 5 of 5

spouse or dependent child that is totally independent of his or her relationship to you. 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 (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the 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,

None	Z	~	~	DC-NYC-DC	Aug. 5-6	Humpty Dumpty Institute
None	Z	۲	Υ	Jan. 19-20 DC-Baltimore-DC	Jan. 19-20	ProgressiveCongress.org
Days not at sponsor's expense	Was a Family Pood? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodging (Y/N)	Point of Departure DestinationPoint of Return	Date(s)	Source