

	DELIVERIED
UNITED STATES HOUSE OF REPRESENTATIVES For Use by Members, Officers, and Employees	2016 MAY -6 PM 3: 34
Name: Suley S. Moore Daytime Telephone: 202-225-4572	07(P(Office Use Only) 1 0.10 955 (Control of the Only) A \$200 penalty shall be assessed against any individual who file the other late.
FILER Member of or Candidate for State: UASCONSIN Officer or Employing Office: STATUS U.S. House of Representatives District: 4 Employee Employee	HOLF MALE THE HOLF HISTORY OF STREET
TYPE 2015 Annual (Due: May 16, 2016)	ination:
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? b. Make more than \$200 in unearned income from any reportable asset during the reporting period? Yes No 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?	the current calendar Yes No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes No Source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	hue from a single Yes No
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? H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel lotating more the same and the reporting period?	spendent child receive any s for travel totaling more than during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	pearance, or article during the Yes No
E CORRESP	ONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH	EACH OF THESE QUESTIONS
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 q the Committee on Ethics for further guidance.	to this question, please contact Yes No No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. He this report details of such a trust that benefits you, your spouse, or dependent child?	Have you excluded from Yes No K
EXEMPTION - Have you excluded from this report any other assets, 'unearned' income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	scause they meet all Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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			II .	State of Misconsin	Legislative lonson-	ABC Hedge Fund X	Examples: Simon & Schusler	SP Mega Corp. Stock	u so choose, you may indicate that an assente some is that of your spouse (SP) indent child (DI), or jointly held with any in the optional column on the for left. a detailed discussion of Schedule ferments, please refer to the instruction books.	If you have a privately-traded fund that is en Excepted Investment Fund, please check the "ENF" box.	Exclude: Your personal residence, including second formas and vacation homes (unless there was rehal income during the reporting persod); and any financial interest in, or income derived from, a federal referensin program, including the Thrist Savings Plan.	For an ownership inhanest in a privately-hold 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.p., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the lotal is over \$5.000, led 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.	Provide complete names of stocks and mutual funds (do not use only licker symbols).	income during the year.	a fair market value the reporting period asset or source of	Asset and/or income Source	BILOCOK A		SCHEDULE A - ASSETS & "LINEARNED INCOME"
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\vdash	$\vdash \vdash$		\dashv	\vdash	-	_	┼	\vdash	\$250,091-\$500,000						1	1	because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which	walkasion method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only	Value of Asset	BL OCK B	7	Š
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									TAX-DEFERRED							9		generate tex-deferred income (such as 529 eccounts), you may check the column. Dividents, interest, and	₹ 3		GWW S	
					×	Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership of PLM SI 6	income or Fa	rm Income)						Check None	401(k), IRA, or Tax-Deferred apital gains			3)
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Ш			\perp						Over \$5,000,000					*	1	"Column XII is for assets held by your spouse or dependent child	amed	o second in micri province one increment in track, or put 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 referenced.	5		11/	•
									Spouse/OC Asset with Inco	me over \$1,0	*900,000			<u> </u>			_				으	
								S(part)	P, S, S(part), or E					Leave this column blank if there are no transactions that exceeded \$1,000.	on asset was sold, please indicate as follows: (S (part)).	period.	exchanges (E)	asset had purchases (P), sales (S), or	Transaction	BLOCK €	le	•

SCHEDULE C - EARNED INCOME

Name: GWCM	
S. Moors	
Page 3_ of 6	

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 honorana; list only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. 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.

SCHEDULE D - LIABILITIES

Name: CHIPPIS MODE
A) to the word

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 liabile); 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.

				E	8Р. ОС, ЛТ		
		minu	Vach.	Example			
		Muse, WI	Milwankee State Bus	First Bank of Wilmington, DE	Creditor		
			2/2012	5/98	Date Liability Incurred MO/YR		
			processed on Kersmal	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000		
			X		\$50,001- \$100,000	n	
				×	\$100,001- \$250,000	9	
					\$250,001- \$500,000	m	noun
					\$500,001- \$1,000,000	-	Amount of Liability
					\$1,000,001- \$5,000,000	6	ability
					\$5,000,001- \$25,000,000	I	
				7	\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	L	
7		I	-		Over \$1,000,000" (Spouse/DC Liability)	~	1 1

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

SCHEDULE F - AGREEMENTS

REEMENTS
Name: GWEM S. MORE
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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.

		1861	Date	
		State of Wisionsin Retigement Har Receive Retigement Begget	Parties to Agreement	
		Receive Repaired Begafts Hursmas determined	Terms of Agreement	

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 meels, 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.

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

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Name:	
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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.

	Source	Date(a)	City of Departure-Destination-City of Return	Lodging? (YNI)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 5-11	DC-Bejing, China-DC	Ą	~	z
n an appear	Habitat for Humanity (chanity fundrasish)	Mar. 3-4	DC-Boskm-DC	¥	۲	≺ .
Comi	Congressional Black Churcus Institute any 6-9	am 6-9	Wilventer - Tunica - De	У	λ/	12.4
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