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FINANCIAL	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	HOV 12 2019 LEGISLATIVE RESOURCE CENTER
Name:	MOREAN AMERER	Daytime Telephone:	2019 NOV 15 AM II: 14
FLER	New Member of or Candidate for State: Office U.S. House of Representatives District: 300 Candidates - Date of Election: MovCh 17, 2020	Check if Amendment	(U.5) HOUSE OF REPRESENTATIVES (Office Use Only)
STATUS	New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTIONS	
A. Did you, yo a. Own any end of th b. Receive asset du	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? Ar b. Receive more than \$200 in unsamed income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting ves No Vo
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	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?	r arrangement with an Yes No No
D. Did you, yo liability (more	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?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	on \$5,000 from a Yes No
	ATTACH THE CORE THIS FORM INCLUDES ONLY	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE
EXCLUSION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	T INFORMATION - ANSWER <u>BOTH</u> OF THES	OTH OF THESE QUESTIONS
TRUSTS - Do	TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	e on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded lent child?	Have you excluded Yes 🔲 No 🔲
EXEMPTION I	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependen exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	f" income, or liabilities of a spouse or dependent child because they meet all three tests for hittee on Ethics.	eet all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MORGAN HARPER

Page 2 of 6

Use additional sheets if more space is required.	Ishwes 20+ Transing Bords		Shares 7-10-year Travismy X	ABC Hedge Fund	Examples:	Mega Corp Stock	8P.	in all interest-bearing accounts, total the amount A B C D 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 reintal and other seal property hald for investment, provide a complete address or description, e.g., 'renkel 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. Excelude: Your personal residence, including second fromes and vacation homes (unless there was rental incomes and vacation homes (unless there was rental incomes and vacation homes derived from, a federal retirement program, including the Thrift Savenga Plan. If you report 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 enyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A g. 41,000 \$150.000.	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 recording thresholds.	tuel funds	identity (a) each seast held for investment or indicate value of asset at production of income and with a fair market value use a valuation method exceeding \$1,000 at the end of the reporting period, specify the method used and (b) any other reportable asset or source of it an asset was sold of income which percentage more than \$2,00 km.	Assets and/or Income Sources	BLOCK A
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×	X	X	×	Partnership Income	Royaldes	>	*	NONE CIVIDENOS RENT INTEREST CAPITAL GAINS EXCEPTEO/BUND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), generate tax-deferred income (such as 401(k), 102k, or 628 accounts), you may check the Tax-Differed" column. Dividends, interest, and control column.	Type of Income	вьоск с
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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: MARGAN HARPER

	SCHEDULE A - ASSETS & "UNEARNED INCOME"
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mo: MRGAN HARRER Page 5 of 6

SCHEDULE C - EARNED INCOME

Name: MUKGAN HTXFK Page 6 of 6	filer's current em	
WEAN HARRE Page 6 of 6	ployment by th	Name: //
Page of 6	e U.S. governn	nakeA.
Page of 6	nent) totaling \$	
Page of 6	200 or more d	XXX
e of b	uring the repor	Pag
or both the filer	ting period. F	9
	or both the filer	6

List the source, type, and amount of eamed income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse eamed income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal rethement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. 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.

Course disclude date of seconds for becoming	1		Amount
Course (illicitate date di receipt idi ricitoralia)	туре	Current Year to Filing	Preceding Year
	Honorarium	000.085	\$500
Givil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000
Local Inchaines Sport corporation	Salary	\$ 75,000	56+6HB
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