ATEMENT For Use by Members, Officers,	and Employees	18 HAY IO AMIO. 30
	n.s.h	U.S. HOUSE OF REPRESENTATION
Daytime Telephone:	202-225-2711 A \$200 p	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
2	Officer or Employing Office: Employee	Staff Filer Type: (If Applicable) Shared Principal Assistant
Amendment	Termination Date of Termination:	
ESE QUESTIONS		
X. No	we any reportable agreement or arrangement with an during the reporting period or in the current calendar gh the date of filing?	ent with an Yes X No
No	our spouse, or your dependent child receivits) totaling more than \$350 in value from a the reporting period?	e any Yes No X
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×	ividual or organization make a donation to charity in you for a speech, appearance, or article during the od?	charity in Yes No X
× No	П	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
OR	- ANSWER	EACH OF THESE QUESTIONS
ublic Offering during the reporting period?	If you answered "yes" to this question, ple	ase contact Yes No X
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted tr this report details of such a trust that benefits you, your spouse, or dependent child?	usts" need not be disclosed. Have you excluded from	cluded from . [] []
	State: WV District: 2 Cff THESE QUESTIONS \$1,000 at the	Amendment Amendment Amendment Approving Office: Employee Officer or Employing Office: Employee Date of Termination Termination Date of Termination Te

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								7,,-	in all interest-bearing accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial netitution where there is nore than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and e 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. Exclude: Your personal residence, including second homes and vacation homes (infless there was rental income during the reporting period); and any financial income during the reporting period; and that is a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted Investment Fund, please chack the "Eliffbox." If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (IOC), or jointly held with anyone (JT), in the optional column on the far fact. For a detailed decausair of Schedule. A requerements, please order to the instruction booklet.	BLOCK A Assets and/or Income Sources Identify (a) each easet held for investment or production of income and with a fair market value accessing \$1,000 at the end of the reporting period, and (b) any other reportable easet or source of income that generated more than \$200 in "unsamed" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all RAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.
Vngrd Inst Indx Inst Pls	TRowePR MdCap Val Rt	유	Amfds Gr Fd Am R6	ΨĀ	Αm		Examples:		it c and leavest thin \$1,0 m \$	BLOCKA Assets and/or Income Sources by (a) each east held for investment uction of income and with a fair market to eating \$1,000 at the end of the reporting to (b) any other promishe asset or source (b) any other promishe asset or source ne that generated more than \$200 in "unear ne during the year. dies complete names of stocks and mutual if dies complete names of sto
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							•		\$15,001-\$50,000	BLOCK B Value of Asset Value of Asset indicate value of asset at close of the reporting period. If you use a valuation method other than fair merket value, please specify the method used. If an asset was sold during the reporting period and is included only bocause 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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					Ì				Over \$5,000,000	BLOCK D Amount of Income Amount of Income Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indexels the category of income by checking the appropriate box below. Dividentia, interest, and capital galars, even if relinvested, must be disclosed as income for assets held in transle accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.
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								Specific Control	Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCK E Transaction Indicate if the saset had purchases (F), sales (S), or suchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an easer was sold, please indicate as follows: (S (part)).
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					- Comment												BLOCK E Transaction	0

SCHEDULE B - TRANSACTIONS Rep. Alex Moorey

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, _1	teport any	purchase, sa	ale, or exchange transactions that exceeded \$1,000 in the	Ţ	pe of Tr	Type of Transaction	3		Date				A	Amount	of Tra	Transaction	3	1	
·	bpendent (châd for invest a capital loss	s. Provide a brief description of an exchange transaction.							>	B	n		m	ייר	၈	‡		
# TO PP	octude tra surchase or portion of a	insections beforeselve of your p	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 "pertial sale" as the type of transaction.					apital Gain	(MODAYTR) or Outrieny,						•				
: # ^	apital Cal	ne: If a sales t gains" box, un	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 eccount, and disclose the capital sale in the capital gains.	290		d Sale	ange	k Bax if C eded \$200	weekly, if				.000 ,000	,081- ,900	,001- 000,00	-1:00,00 000,00	00,001- 000,000	000,001-	000,000
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SCHEDULE C -- EARNED INCOME

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

Source (Include date of receipt for honoraria) Type Amount Account feature from State of Receipt for honoraria) Account feature from State of Receipt for honoraria) Approved Teaching Fee \$5,000	₩	
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SCHEDULE D - LIABILITIES

Name: CA. A.R. MOOLEY Page Q 잋 0

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 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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				4 .*		
		Congressi	Example			
		Congressional Federal Credit Union	First Bank of Wilmington, DE	Creditor		
		9/15	5/15	Date Liability Incurred MO/YR		. :
	Charles Town, WV	Mortgage on Primary Residence	Mortgage on Rental Property, Dover, DE	Type of Liability		· · · · · · · · · · · · · · · · · · ·
				\$10,001- \$15,000	>	
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				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 had in any religious social fraternal or political antities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
Teacher	Patrick Henry College

SCHEDULE F - AGREEMENTS

Name: Moorey Page_

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
Vested	Myself & the State of Maryland	Legislative Pension Plan Participant

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 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 \$158 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal thendship received from the Committee on Ethics)	\$400
		Tradition and only the state of

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Moorey Page

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 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.

	Examples:	Source Covernment of Ohrse (MECCEA)	Date(s)
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Name: Rep. Hex Moorey Page_

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA Examples: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2017 Aug. 13, 2017 Date Amount \$2,000 \$500