

| UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT | Form A For Use by Members, Officers, and Employees | 01911AY 10 AM 10: 28 Page 1 of 10. M. (Office Use Only) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Name: Alexander X. Mooney | Daytime Telephone: 202-225-2711 | A \$200 penalty shall be assessed against any |
| | | individual who files more than 30 days late. |
| FILER X Member of the U.S. State: WV STATUS House of Representatives District: 02 | Officer or Employing Office: | Staff Filer Type: (If Applicable) Shared Principal Assistant |
| REPORT X 2018 Annual (Due: May 15, 2019) | Amendment Termination Date of Termination: | mination: |
| PRELIMINARY INFORMATION - ANSWER EACH OF TH | 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? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | Yes X 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? | sble agreement or arrangement with an orting period or in the current calendar Yes X No filing? |
| ident child purchase, sell, or eal estate in a transaction period? | Yes No X G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? | lld receive any Yes No X |
| 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? | Yes X No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? | otaling more than Yes No X |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes X No L. Did any individual or organization make a d lieu of paying you for a speech, appearance, reporting period? | nization make a donation to charity in ech, appearance, or article during the Yes No X |
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | Yes No X ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | SCHEDULE IF YOU ANSWER "YES" |
| IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSW | | ER EACH OF THESE QUESTIONS |
| IPO - Did you purchase any shares that were allocated as a part of an Initia contact the Committee on Ethics for further guidance. | 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 question, please contact the Committee on Ethics for further guidance. | uestion, please Yes No 🛛 No |
| TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Common this report details of such a trust that benefits you, your spouse, or dej | TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? | ave you excluded Yes No |
| EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | of a spouse or you | ur dependent child because they meet Yes No V |

SCHEDULE

| LE A – ASSETS & "UNEARNED INCOME" | |
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| Name: | |
| Alexander X. Mooney | |
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| TR | Ži. | D | Αm | Αm | пУ | | Examples: | | Assets and/or Income Sources Identify (a) each asset held for investment or production of income and with a fair market value sexceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (do not use only ficker symbols). For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, If the total is over \$5,000, its 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., "rental 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. For an ownership interest in a privately-held for more than business, the nature of the other of your spouse for an ownership interest in a privately head for more than the complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held privately heads of the privately 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 (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income derived fro |
| TRowePR Mdcap Val | Fid Puritan | DE Val Inst | AmFds Gr Fd Am R6 | AmFds Euro Pacfc GR R6 | AmCent Eq Gr Inst | ┢ | P. | જ | is and/or Income Sources seach asset held for investment or of income and with a fair market value 1,000 at the exporting period, other resportable asset or source of income and more than \$200 in "unearned" income and plete names of stocks and mutual funds only ticker symbols). I and other retirement plants (such as a) provide the value for each asset held in that access the reporting thresholds. I other cash accounts, total the amount in earing accounts, if the total is over \$5,000, ancial institution where there is more than rest-bearing accounts. If the total is over \$5,000, ancial institution where there is more than rest-bearing accounts, or description, e.g., "rental of the real property held for investment, replete address or description, e.g., "rental d a city and state. I do ther real property held for investment, replete address to rescription, e.g., "rental d a city and state, at other real property held business publicly traded, state the name of the nature of its activities, and its geographic d city and state, at other real property at a private of the than a second tock A. I privately-traded fund that is an Excepted und, please check the "EIF" box. ocse, you may indicate that an asset or crea is that of your spouse (\$P) or hald (DC), or jointly held with anyone (JT), all column on the far left. d discussion of Schedule A requirements, to the instruction booklet. |
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE B - TRANSACTIONS

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| Exchange Check Box if Capital Gain Exceeded \$200 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | | | | | , | | | | | COOR ALL AND | | | | ************************************** | | 200 A | | | | | Type of |
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| \$15,001- \$50,000 | | | | | | | | | | | | : | | | | | | | | 3/9/18 | | weekly, if applicable | (MO/DAVR) or Quarterly, Monthly or Bi- | | Date |
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| \$20,000,000 Cver \$50,000,000 | | | | | | × | | | | ***** | | | | | | | | 2/3/20 | | | | \$5,000,001- \$25,000,000 | | I | |
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SCHEDULE C - EARNED INCOME

Page 5 of 10

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. Name: Alexander X. Mooney

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

| INCOME LIMITS ar | INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. | ed at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. y relationship) are totally prohibited. | \$28,050. The 2019 limit is \$28,440. |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| | Source (include date of receipt for honoraria) | Туре | Amount |
| | Keene State | Approved Teaching Fee | \$6,000 |
| Examples: | State of Maryland | Legislative Pension | \$18,000 |
| The second | Civil War Roundibile (Cct. 2) Ontario County Board of Education | Spouse Salary | N/A N/A |
| California | California Neurological Institute | Spouse Salary | N/A |
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SCHEDULE D - LIABILITIES

Name: Alexander X. Mooney

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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. 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 owned 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 *Column K is for liabilities held solely by your spouse or dependent child.

| | | | | | | sp. DC, JT | |
|-----|---|----|------------------|------------------------------------|----------------------------------------|--------------------------------------------|---------------------|
| | | | | Con | Example | 7 | |
| | | | | Congressional Federal Credit Union | First Bank of Wilmington, DE | Creditor | |
| | | | | 9/15 | 5/16 | 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 | |
| | | | | | | \$15,001- \$50,000 | |
| | | | | | | \$50,001- \$100,000 | |
| | | | | | × | \$100,001- \$250,000 | • |
| , , | | | | × | | \$250,0014 \$500,000 | Amount of Liability |
| | | | | | | \$500,001- \$1,000,000 | of Li |
| 1 | | | | | | \$1,000,001 \$6,000,000 | ability |
| | | | | | | \$5,000,001- \$25,000,000 ± | |
| , | | ٠. | | | | \$25,000,001 \$50,000,000 | |
| | | | | | | Over \$50,000,000 | |
| | , | | | | | Over \$1,000,000* (Spouse/SC Liebility) | |

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 held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

| Position | Position Position |
|----------|-------------------|
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SCHEDULE F - AGREEMENTS

Name: Alexander X. Mooney Page 7 of 10

| employer. |
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| 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 |
| 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; |
| |

| Date | Parties to Agreement | Terms of Agreement |
|----------------|--------------------------------|--------------------------------------|
| Vested 2006 | Myself & the State of Maryland | Legislative Pension Plan Participant |
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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 (which may not include a registered lobbyist or foreign agent), 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 \$156 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.

| Example: Mr. Joseph Smith, Arlington, VA Silver Platter (prior determination of personal friendship received from the Committee on Ethics) |
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

| lame: Alexander X. Mooney |
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| Page 8 |
| of 10 |

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.

| пе нет. | | | | | | |
|-----------|-------------------------------------------|-----------|----------------------------------------------|-------------------|----------------|----------------------------------|
| | Source | Date(s) | City of Departure-Destination-City of Return | Lodging? (Y/N) | Food? (Y/N) | Family Member Included? (Y/N) |
| | Government of China (MECEA) | Aug. 6-11 | DC-Beijng, China-DC | ۲ | ۲ | N |
| Examples: | Habitat for Humanity (charity fundralses) | Mar. 3-4 | DC-Boston-DC | ۲ | * | ≺ |
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| SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA | Name: Alexander X. Mooney | : | Page 9 of 10 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------|----------------------------|
| 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. | r of an event to a charitable organization | in lieu of paying an ho | orarium to you. A separate |
| Source | Activity | Date | Amount |
| Association of American Associations, Washington, DC XYZ Magazine XYZ Magazine | Speech Article | Feb, 2, 2018 Aug. 13, 2018 | \$2,000 \$500 |
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