#### HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES FORM B FORM B Period covered: January 1, 2012 - Seρtember 1, 2013 For use by candidates and new employees	Page 1 of LEGISLATIVE RESOURCE CENTER 2013 SEP 17 PM 1:01	Page 1 of 6 CENTER
Name: Alexander X. Mooney Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES	SHALL
	(Office Use Only)	
Filer Candidate for the State: <u>WY</u> Date of <u>5   13   2019</u> Check if House of Representatives District: <u>2</u> Election: <u>5   13   2019</u> Amendment	A \$200 penalty shall be as	assessed
	more than 30 days late.	WIIC
ı all sections, please type or print clearly in blue or black ink.		
Did you or your spouse have "earned" income (e.g., salaries or ees) of \$200 or more from any source in the reporting period?  Yes No   IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	pefore the date Yes X	No U
I. Did you, your spouse, or a dependent child receive "unearned" noome of more than \$200 in the reporting period or hold any eportable asset worth more than \$1,000 at the end of the period?  Yes Omplete and attach Schedule V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V. If yes, complete and attach Schedule V.	rangement Yes	No
II. Did you, your spouse, or a dependent child have any reportible liability (more than \$10,000) during the reporting period?  Yes Wo VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	\$5,000 from Yes	N <sub>S</sub>
Each question in this part must be answered and the appropriate schedule attached for	e attached for each "Yes" response.	
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH O	WER EACH OF THESE QUESTIONS	] "
<b>TRUSTS</b> —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 benefiting you, your spouse, or a dependent child?	ot be Yes	§ ∑
EXEMPTION—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.	spendent child Yes	Ž Ž

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Alexander X. Mooney

Page 2 of C

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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. See examples below.

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

Course (include date of require for honoraria)	Type	Amount	unt
CCEICC (Include date of lecellation including)	1 1 1 1	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Young America's Foundation, Herndon, VA	Salary		59,277
U.S. House of Representatives, Washington D.C.	Salary		12,402
AxM Consulting LLC	SELF EMPLOYED -	93,000	99,870
Parkway Neuroscience : Spine Institue Hospital	Spouse Salary		7/4
	Spouse Back Income	N/A	
State of Moryland, Baltimore, MD	Benesit	N/A	N/A

Knights of Columbus - Whole	I NSURAN	Knights of Columbus Life	-TIAA Traditional	& TIAA CreF-Annuity	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	nomes and vacation nomes (unless there was reintal income during the reporting peniod); any deposits totaling \$5,000 or less in personal chacking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  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 optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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 bostion in Block A	more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols).  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.  For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property" and the city and state.	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	BLOCK A  Asset and/or Income Source
>	<b>X</b>	×	×		×	Indefinite		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		B C D E F G H	please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."  *This column is for assets solely held by your spouse or dependent child.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value,	BLOCK B Value of Asset
		×	<b>X</b>		×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" the asset generated no income during the reporting period.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that concerts tay.	BLOCK C  Type of Income
	<	X	×			×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$50,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest.	BLOCK D  Amount of Income

### SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Asset and/or income   Source   Part	Asset and/or Income Source   Value of Asset   Type of Income   None   Asset   Type of Income   None   Asset   Type of Income   None   Asset   Type of Income   Am Rehicher of Man - Nothin   None   Am Rehicher of Man - Nothin   None   Am Rehicher of Man - Nothin   None   Am Rehicher of Man Rehicher of Man Act   None   Sinon - Sinon   Sinon - Sinon   None   Am Rehicher of Man Act   None   Sinon - Sinon   None   Am Rehicher of Man Act   None   Sinon - Sinon   None   No	SCHEDULE Continuation Sheet (	SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	ָם ק	⊆		<del>``</del>	2	#	"	l <u> </u>	] }	ا ک	<u>``</u>	j n				l							حدّ ا ا	11 2	IJŻ	∏? ?	Name Alexander		X. Mooney	<u>~</u> اا	1 2	≥	Ινζ	ا ا					Pag	Page_	Page	Page 4 of	Page 1 of 6
Asset and/or income Source	Asset and/or income   Value of Asset		BLOCK A					<u>m</u>	ဗ္ဂ	χ E	<b></b>	ļ						-	3TC	Š	Ô	ļ	į		į	İ	ļ	ļ	ļ	ļ	ļ	ļ		<u>۾</u> .	ŏ		ô	ô	ô	ô	Ô	Ô	Ô	Ô	Ô	Ô
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Maryland Supplemental 40KX Kehrement Ran - Nethmonde  Am Fels Euro Pacific  Am Fels Grtd Am R6  Fed Printan  Fed Printan  Frome Pr Md Cap Vallest  Vanguard Inst Index  Vanguard McCap Index  Vanguard McCap Index  Vanguard McCap Index  Vanguard Sm Cap Val  Vangua	Maryland Supplement 4 40K Kehicment Agn - Nothmunde Ann Feds Euro Pacific  Ann Feds Euro Pacific  Ann Feds Gr Fed Ann K6  Fed Printan  Fed Printan  Fed Min Scely Cap Vall 1957  Thome Pr Med Cap Vall  Thome Pr Med Cap Vall  Vanguard Med Cap Index  Vanguard Med Cap Index  Vanguard Son Cap Gr  Vanguard Son Cap Vall  V  Vanguard Son Cap Vall  V  V  V  V  V  V  V  V  V  V  V  V												\$25,000,001			~									\$1 - \$200	\$201 - \$1,00	\$1,001 - \$2,5					<del></del>			None			\$1 – \$200	\$1 - \$200 <b>\$201 - \$1.00</b>	\$1 - \$200 <b>\$201 - \$1,00</b> \$1,001 - \$2,5	\$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$2,501 - \$5,0	\$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$2,501 - \$5,0 \$5,001 - \$15	\$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$2,501 - \$5,0 \$5,001 - \$15	\$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$2,501 - \$5,0 \$5,001 - \$15 \$15,001 - \$5 \$50,001 - \$1	\$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$2,501 - \$5,0 \$5,001 - \$15 \$15,001 - \$5 \$50,001 - \$1 \$100,001 - \$	\$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$2,501 - \$5,0 \$5,001 - \$15 \$15,001 - \$5 \$50,001 - \$1
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#### **SCHEDULE III — LIABILITIES**

Name Alexander X. Mooney

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

		Date		ŀ	1		<u>'</u>	À	֓֜֞֜֜֞֜֜֜֜֞֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	- 1 −		Liability	Liability	ability
JT SP,	Creditor	Liability Incurred mo/year	Type of Liability	10,001— 15,000	515,001— 550,000 <b>w</b>	50,001 ;100,000 O	1100,001— 250,000		250,001 500,000 m	500,000 TI 500,001— 1,000,000 TI	500,000 m 500,001— _	500,000 m 500,001— 1,000,000 m	500,000 m 500,001— 11,000,001— 5,000,000 D 5,000,001—	1,000,001— 5,000,000 — 5,000,000 — 5,000,000 — 25,000,000 —
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×	Н						
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#### SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

and positions solely of an nonorary nature.	ature.
Position	Name of Organization
Executive Director	National Journalism Center, Young America's Foundation

#### SCHEDULE V — AGREEMENTS

Name Alexander X. Mooney

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identify the date service; continu efit plan mainta	<b>Identify</b> the date, parties to, and general terms of any agreement or arrangement with respect to: future emplo service; continuation or deferral of payments by a former or current employer other than the U.S. Government of the plan maintained by a former employer.	Identify the date, parties to, and general terms of any agreement or arrangement 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.
	Parties To	Terms of Agreement
lested 2006	Myself and State of Maryland	Legislative Pension Plan Perticipation
•		

# SCHEDULE VI -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule 1.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
HSP Direct, Herndon, VA	Business Development / Consulting
Leadership Institute, Arlington VA	Book Payment