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| INITED STATES HOUSE OF REDDESENTATIVES | ŽIIO | Form A LEGISLATIVE | RESOURCE CENTER | rage of |
| 2017 FINANCIAL DISCLOSURE STATEMENT | | For Use by Members, Officers, and Emþ@yd∯≜Y | nd Emb@ydMAY 15 AM 10: 59 | • • |
| | | บ.ร. หอบระ อี | U.S. HOUSE OF REPRESENTATIVES | Use Only) |
| Name: Alex X. Mooney | Daytime Telephone: | one: 202-225-2711 | A \$200 penalty shall be assessed against any individual who files more than 30 days late. | assessed against any Fe than 30 days late. |
| FILER X Member of the U.S. State: | wv 2 | Officer or Employing Office: Employee | | Staff Filer Type: (If Applicable) Shared Principal Assistant |
| REPORT X 2017 Annual (Due: May 15, 2018) | Amendment | Termination Date of Termination: | mination: | |
| PRELIMINARY INFORMATION - ANSWER EACH OF | F THESE QUESTIONS | | | |
| A. Old 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? | | Yes X No |
| B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? | No × | G. Did you, your spouse, or your dependent child receive any reportable giff(s) totaling more than \$390 in value from a single source during the reporting period? | • | Yes 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? | X Xo | H. Did you, your spouse, or your dependent child receive any reportable travel or reinbursements for travel totaling more than \$390 in value from a single source during the reporting period? | | No X |
| D. Did you, your spouse, or your dependent child have any reportable tability (more than \$10,000) at any point during the reporting period? | × No | 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? | | Y S |
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | Yes X | m | CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | U ANSWER "YES" |
| IPO AND EXCLUSION OF SPOUSE, DEPENDENT, | ENT, OR TRUST INFORMATION | RMATION - ANSWER EACH OF | THESE | QUESTIONS |
| IPO - Did you purchase any shares that were altocated as a part of an Initial Public Offering during the reporting period? If you ans the Committee on Ethics for further guidance. | nitial Public Offering during the rep | orting period? If you answered "yes" to this q | wered "yes" to this question, please contact | Yes No X |
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child? | ommittee on Ethics and certain oth | | not be disclosed. Have you excluded from | Yes No X |
| 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. | neamed" income, transactions, or tonsulted with the Committee on Eth | liabilities of a spouse or your dependent child ics. | | Yes No X |

| SETS & "UNEARNED INCOME" | |
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| Vngrd Inst Indx Inst Pls | TRowePR MdCap Val Rtl | DE Val Inst | Amfds Gr Fd Am R6 | AmFds Euro Pacfc Gr R6 | Amcent Eq Gr Inst | ABC Hedge Fund X | Examples: Simon & Schuster | SP Mague Corp. Stock | in all interest-bearing accounts, from the amount in all interest-bearing accounts. If the total is over \$5,000, list every finance in reliabilition where there is for rental and 0,000 in interest bearing accounts. For rental and 0,000 in interest map physical property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest map physically-held business that is not publicly traded, state the name of the business, the nature of its activities and its geographic locetion in Block A. Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial release in, or income derived from, a federal referent program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "SIF" box. If you no choose, you may indicate that an easet or income acuroe is that of your spouse (SP) or dependent child (DC), or jointly had with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction bookler. | 401(it) plents) provide the value for each asset held in the account that exceeds the reporting breakcide. | (do not use only ticker symbols). For all WAs and other referement plans (such se | (dentity (a) each asset hold for investment or production of income and with a fair market value exceeding \$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 "unearned" income during the year. Provide complete names of stocks and mutual funds. | BLOCK A Assets and/or income Sources |
| | | | | | | | | | None | > | | Indicate the control of the control | |
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| × | X | × | × | × | × | | nciedania. | | \$1,001-\$15,000 | D. | | metho gene dist | |
| | | | | - | | ┢ | * | \vdash | \$15,001-\$50,000 | | | Indicate value of es welcation method oth used. If an asset was solubeceuse it generated "Column M is for asse you have no sriberest. | |
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| <u> </u> | | ļ | | ļ | \vdash | ╙ | <u> </u> | × | \$50,001-\$100,000 | | | | ¥ . |
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| | | ļ | | <u> </u> | - | <u>×</u> | ļ | ļ | \$250,001-\$600,000 | G | | Indicate value of easet at close of the reporting period. If you use a valuation method other them tair market value, please spocify the method used. If an asset was sold during the reporting pariod and is included only biscesses 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. | BLOCK B |
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| × | × | × | × | × | × | | | İ | TAX-DEFERRED | | | on For | ā |
| | | | | | | Partnership Income | Roysibles | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | Check all columns that apply. For accounts that generate sex-deferred income (auch as 401(b), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, internet, and capital gains, even if retirectal, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. | |
| × | × | × | × | × | × | | | | Mone | ~ | \$ C | For a may block and a coop general | |
| | | | | | | | | | \$1-\$200 | == | "Column XII is for assets held by your spouse or dependent child in which you have no interest. | For assets for which you checked "fac-Defend" in Block C, you may check the "None" column. For all other easets indicate the unbegory of income by checking the appropriate box bullow. Dividends, interest, and capital gains, even if reinvested, west to disclosed as income for assets held in taxable accounts. Check "None" if no income was seried of generated. | |
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| | | | | | | | | | Spouse/DC Asset with Income over \$1,000,000* | ğ | | | |
| | | | | | | | | 8(pert) | blank if there are no transactions that exceeded \$1,000. | follows: (8 (part)). Leave this column | If only a portion of an easet was sold, please indicate as | Indicate if the seed had purchases (P), asks (S), or exchanges (E) exceeding \$1,000 in the reporting period. | BLOCK E |

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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Rep. Alex Mooney

Page 3 of 10

| Name: Rep. Alex Mooney | |
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| Page 1 of | |
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| | | | | | | | | | | | gp Erample Maga Corp Stock | 9-00,лт Asset | *Column K is for assets solely held by your spouse or dependent child. | Capital Geins: 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 account, and disclose the capital gain income on Schedule A. | a portion of an asset is sold, please choose "periet see" as the type of transection. | dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description or an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the particular of your measured resultance inhers it provides or sale of your measured resultance. | Report any purchese, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your |
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| | | | | | | | | | | | | | | \$1,000.0 MODE A | | * | |

SCHEDULE C - EARNED INCOME

Name: Rep. Alex Moorey Page 5 or 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. | nt by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, 00. See examples below. | List the source, type, and amount of earned income from any source (other than the filer's current employs the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1 |
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| EXCLUDE: Militan NUCOME LIMITS a \$28,050. In addition | EXCLUDE: Military pay (such as National Guerd or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. ################################### | Social Security Act. snsated at or above the "senior staff" rate was fiduciary relationship) are totally prohibited. | te was \$27,765. The 2018 limit is itsed. |
|--|---|---|---|
| | Source (include date of receipt for honoraria) | Туре | Amount |
| | Korne State State of Manyland | Approved Teaching Fee Legislative Pension | \$6,000 \$18,000 |
| | Owiting County Board of Education | Spouse Selery | \$1,000 N/A |
| Patrick | Patrick Henry College | Approved Teaching Fee | \$5,000 |
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SCHEDULE D - LIABILITIES

Name: U.A. Alex Milooney Page 0 <u>Q</u> 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 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 or a business in which you own an interest (unless you are personally liable); and liabilities owed to you spouse or the child, perent, 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.

| Example | | D. St. | Control |
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| | Congressional Federal Credit Union | Creditor | Commit is an administration of soft of form of the formation of the format |
| | 9/15 | Date Liability Incurred MO/YR | |
| Charles Town, WV | Mortgage on Primary Residence | Type of Liability | |
| | | \$10,001- \$15,000 | |
| | | \$15,001- \$50,000 | |
| | | \$50,001- \$100,000 | |
| | × | \$100,001- \$250,000 | |
| | × | \$250,001- \$500,000 | moun |
| | | \$500,001- \$1,000,000 | Amount of Liability |
| | | \$1,000,001- \$5,000,000 | bility |
| | | \$5,000,001- \$25,000,000 | |
| | | \$25,000,001- \$50,000,000 | |
| | | Over \$50,000,000 | |
| | | Over \$1,000,000* (Spouse/DC 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

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| Myself & the State of Maryland Legislative Pen | | |
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| Maryland | | |
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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, 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.

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

| of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent chilles accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the | | nd REIMBURSEMENTS |
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| vel-related | | Name: |
| expenses tota nae. Disclosu | 4 | Name: Rep. Alex Mooney Page 8 of 10 |
| ling more than | | Alex |
| n \$390 receiv | | Moor |
| ed by you, y | / | rey |
| our spouse, | | Page_2 |
| or your dep | | of |
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Identify the source and list travel itinerary, dates, and nature during the reporting period. Indicate whether a family membe sponsor or were paid by you and reimbursed by the sponsor. 2 E

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 | Ourba(s) | City of Departure-Destinetion-City of Return | Lodging? (Y/N) | Food? (Y/N) | Family Mamber Included? (Y/N) |
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| | Government of Chitre (MECEA) | Aug. 6-11 | DC-Bajing, China-DC | ≺ | ۲ | Z |
| Examples | Habitat for Humanity (clamby fundamisor) | Nec. 3.4 | DC-Braton-OC | 4 | ⊀ | γ |
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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| LIEU OF HONORARIA | Name: Rep. Alex Moorey | Moorey Page | 90 of (0 |
|--|---|-------------------------------|--|
| List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. | consor of an event to a charitable organi | zation in lieu of paying | t to a charitable organization in lieu of paying an honorarium to you. A |
| Source | Activity | Date | Amount |
| Examples: Association of American Associations, Washington, DC XYZ Magazine | Speech Article | Feb, 2, 2017 Aug. 13, 2017 | \$2,000 \$500 |
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