UNITED STATES HOUSE OF REPRESENTATIVES		Form A For Use by Members, Officers, and Employees	2017 KAY - 5 PM 1: 47	5 PM 1:47
			Comice	Comice use Only)
Name: Jwen 2 Mooks	Daytime Telephone:	202-225-452	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	assessed against any re than 30 days late.
FILER Member of the U.S. State: W. STATUS House of Representatives District:	4 scons N	Officer or Employing Office: Employee	Staff Filer Shared	Type: (if Applicable) Principal Assistant
REPORT 2016 Annual (Due: May 15, 2017)	Amendment	Termination Date of Termination:	ination:	
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	IESE QUESTIONS			
A. Did you, your spouse, or your dependent child: a. Own any reportable esset 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 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?	rangement with an te current calendar Yes	
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?	Yes No	Did you, your spouse, or your dependent ch reportable gift(s) totaling more than \$375 in vali source during the reporting period?	ident child receive any Yes	☐ ₹ ⊠
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pansion/IRA distributions) of \$200 or more during the reporting period?	¥8 □	500	dent child receive any travel totaling more than Yes ng the reporting period?	₹ □
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 ₩ □	 Did any individual or organization make a dor lieu of paying you for a speech, appearance, or reporting period? 	ance, or enticle during the	☐ ₹
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	E CORRESPON	DING SCHEDULE IF YOU ANSWER "YES"	I ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDEN	T, OR TRUST INFO	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH O	CH OF THESE QUESTIONS	TIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you enswered "yes" contact the Committee on Ethics for further guidance.	al Public Offering during the r		o this question, please Yes	₹ ⊠
TRUSTS ~ Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. from this report details of such a trust that benefits you, your spouse, or dependent child?	mittee on Ethics and certain opendent child?	ļ	Have you excluded Yes	☐ ₹ ⊠
EXEMPTION - Have you excluded from this report any other assets, "unsermed" income, transactions, or liabilities of a spouse or your dependent in three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	arned" income, transactions, consulted with the Committee	es of a spouse or your depended	nt chilid because they meet Yes	☐ ₹ ⊠

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a	Page of 4	80 PS		Name: JWen	Name:	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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			党	Lea is		Examples:	Tool	or bank and other cash eccounts, total the amount in all numera-bearing accounts. If the logis is over \$5,000, all query bashcals installation there have a more than \$1,000 on interest-bearing accounts. If the logis is over \$5,000, all query bashcals installation there have bearing accounts. For raintia and other real property hald for investment, rowell a complete auditement of description, e.p. Tental repety, and a city and stake. For an ownership interest in a privately-hald business for an ownership interest, and its geographic control of the property and the nume of the summer. It is block in the cash of the previous female (including the morting personal female of the numer of the summer of the control of the numer of the summer of the numer of your spoulae (EP) or the numer of high light of the numer of the spendent child (DC), or pindly held with anyone (JT), the optional column on the fact of your spoulae (EP) or the placet of the instruction banklet.	he account that avoseds the reporting thresholds	do not use only Scker Symbols). For all SQAs and other retirement plans (such as ID titl blans) broyds the value for each seat haid or	living the year. Provide complete names of slocks and mutual funds	and (b) any other reportable seset or source of income that generated more than \$200 in "unearned" income	dentify (a) each asset held for investment or reduction of income and with a fair market value	Value and of Income Solices
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十	\Box	7						Spoutse/DC Asset with Income over \$1,000,000*	쑢		accounts. Check "None" if no income was semed or generaled. "Column XII is for assets held by your spouse or dependent child	category to income by creating are appropriate took control. Dividentia, interrest, and capital gains, even it returnessed, must be disclosed to income for assets held in family-in-	登 克	
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SCHEDULE C - EARNED INCOME

List the source, typ the source and am EXCLUDE: Militar INCOME LIMITS a	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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED (NCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "servicr statt" rate was \$27,495. The 2017 limit is \$27,765, in addition, certain types of income (notably honoraria, director's fees, and psyments for professional services involving a fiductory relationship) are totally prohibited.	ernment) totaling \$200 or more during the below. Social Security Act. strong above the "servior staff" rate was in the staff of the service staff.	reporting period. For a spouse, lis \$27,495. The 2017 limit is \$27,765
	Source (include date of receipt for honoraria)	Тура	Amount
Examples:	Kaging Statu State of Maryland Chill May Republish (Cc. 2) Chill May Republish (Cc. 2)	Approved Teaching Fee Legislative Presson Spouse Speech	3000 18 000 818 0000 818
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Report fiabilities 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 at liabilities secured by real properly 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 of you by a spouse or the child, parent, or albling of you or your apouse. 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 apouse or dependent child.

							 -	moun	Amount of Liability	P S				ł
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gp. DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	430,000,000	Over \$50,000,000
	Example First Bank of Wilmington, DE	5490	Mortgage on Rantal Property, Dover, DE				×					1	- 1	-
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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 notifical parties and compensations).

			Position	r believe neld in any religious, social, maternal, or political el
			Name of Organization	r-usindris instity (englicus, socias, travernas, or positios saich as positios and campaign organizations); and positions solely of an honorary nature.

SCHEDULE F - AGREEMENTS

rangement that you have wit	
rangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: Guen S MADRE
tod of government service;	Page S of L

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 defensi of payments by a former or current employer other than the U.S. government; or continuing participation in an employer welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
1989	1989 State of Wholman Refregat Plan Roome Returning Bony	Receive Retirement Benefit / Bossian as Acternines

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your apouse, or your dependent child from any source during the year. Exclude:

Gifts from reletives, 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 \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Wr. Joseph Smith, Arkington, VA	Biliver Platter (determination of personal friendship received from the Ethios Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
Name: Gwen 5 Mou	
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identify the source and list travel titherary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 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 relimburated 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.

# 10 mov.						
	Source	Date(s)	City of Departure-Destination-City of Return	Ladging? (YA4)	Food? (Y/Nj	Family Member Included? (YM)
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Why	Weshington Office on Latin America (WOLD) Dec 17-21 Milwayler-Haven Cube-Milwayle	Dec /7-2/	Milway Ber - Haveni Cube - Milwaster	<	~	1
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