CALENDAR	UNITED STATES HOUSE OF REPRESENTATIVES	For use by Mem	FORM A Page 1 of Y For use by Members, officers, and employees	LEGISLATIVE RESOURCE CENTER	- E
	Gwan Moora		202-225-4572		
	(Full Name)		(Daytime Telephone)	DELINERED	KC
Filer	✓ Member of the U.S. State: WI	Officer Or Employee	Employing Office:	A \$200 penalty shall be assessed against	
Status	District: 04			anyone who files	
Report Type	☐ Annual (May 15) ☑ Amendment ☐ Termination		Termination Date:	more than 30 days late.	
PRELIMIN.	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	QUESTIONS		:	
Did you or you or you or you or you more from	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes ✔ No ☐	Did you, your spous VI. the reporting period exempt)? If yes, complete a	use, or a dependent child receive any reportable gift in od (i.e., aggregating more than \$335 and not otherwise and attach Schedule VI.	lle gift in therwise Yes ☐ No ✔	
Did any indiv II. you for a spe	Did any individual or organization make a donation to charity in lieu of paying Yes No 💟	≦	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?	ie travel or nan \$335 Yes 🗸 No 🗌	
Did you, you	;	Did you hold any report	it yes, complete and attach or negute vii. Did you hold any reportable positions on or before the date of filing in the		
	more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	If yes, complete a	and attach Schedule VIII.	g	
Did you, you iV. reportable as	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes No	×	Did you have any reportable agreement or arrangement with an outside entity?	outside Yes 🗸 No 🗌	
If yes, com	If yes, complete and attach Schedule IV.	If yes, complete a	and attach Schedule IX.	:	
V. (more than \$	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Each question	on in this part must be answered and the appropriate	and the appropriate	
If yes, com	If yes, complete and attach Schedule V.	schedule att	schedule attached for each "Yes" response.	:	
EXCLUSIC	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	NATION ANSW	VER EACH OF THESE QUE	STIONS	
Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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 dependent child?	nittee on Standards of C	Micial Conduct and certain other "except benefiting you, your spouse, or depend	oted Yes ☐ No ☑	
Exemptions-	ONS Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	income, transactions, "yes" unless you have	or liabilities of a spouse or dependent child first consulted with the Committee on	hild Yes ☐ No ☑	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Gwen Moore



spouse or dependent child that is totally independent of his or her relationship to you. the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family g? Food? Member Included?) (Y/N) (Y/N)	Days not at sponsor's expense
National Organization of Women (NOW) National Conference	June 19-21	June 19-21 DC-Indianapolis-Milwaukee	~	~	Z	None