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FORM B FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees	
Name: A lex Morse Daytime Telephone:	2019 NOV 20 AH 11: 01
New Member of or Candidate for State: MA U.S. House of Representatives District: 1 Candidates - Date of Election: 09-01-20 Check If Amendment	M. S. HOUSE HIGH USE OF HIS TIVES
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF 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? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	during the reporting through the date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting peniod? F. Did you have any reportable agree outside entity during the reporting peniod?	reportable agreement or arrangement with an the reporting period or in the current catendar. Yes No Votate of filing?
D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	e than \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	YES"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF 1	OTH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disfrom this report details of such a trust that benefits you, your spouse, or dependent child?	need not be disclosed. Have you excluded Yes No M
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, 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.	y meet all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Alex Morse

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Pension account	MoH)	Int (People)		Examples	DC, Mega Corp Stock	incre than \$1,000 in interest-bearing accounts. For rental and other real properly held for investment, provide a complete address or description, e.g., 'rental properly,' 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. Exclude: Your personal residence, including second homes and vacation homes (unlass there was rental income during the reporting period); and enytimancial interest in, or income derived from, a federal relivement program, including the Thith Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, presse check the "EIF box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	over			_	r investment or air market value reporting period, set or source of than \$200 in	Assets and/or income Sources	BLOCK A
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X	X	X	Partnership Income	Royalies	×	Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of income (Specify: e.g., Partnership Income or Farm Income)	1		period.	turable accou	0.00	Type of Income	вгоск с
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-\$10,000,000 \$100,001-\$5,000,000 Over \$5,000,000 SpouseFIC Income over \$1,000,000* None \$1-\$200		Current Year		Column XII is for assets field by your spouse or dependent child in which you have no interest		Amount of Income	BLOCK D
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Alex Morse

SCHEDULE C - EARNED INCOME

Name: Alex Morse Page 2 잋

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 both the filer and filer's 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 INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you are on House payroli. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	advised that the outside earned income limit a compensated at or above the "senior staff" rate ng a fiduciary relationship) are totalty prohibited	nd prohibitions on types of incomwas \$28,050. The 2019 limit is \$3 for Members and senior staff.	income may apply to you after you are on House payroll. The 2018 limit on it is \$28,440. In addition, certain types of income (notably honoraria, director's iff.	1 House payroll. The 2018 limit on norme (notably honoraria, director's
			Am	Amount
Source (include date of receipt for nonorana)	receipt for fronorana)	Уре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	(July 15)	Honorarum	\$0	\$500
Examples: Civil War Roundade (Oct. 2) Ontario County Board of Education		Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
City of Holyoke		Salan	₹ 75,000	# 85,000
University of Massachusetts Amherst	ts Amherst	Salary	000 61 8	\$ 7,282
Conway School of Design		Honorarium	\$ 500 (7-12-19)	- 6-
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SCHEDULE D - LIABILITIES

Name: Alex Morse

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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. New 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 owed 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 \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

	SP.	
People		
Peoples Bank of Wilmington, DE	Creditor	
5/19	Date Liability Incurred MO/YR	ł
Mortgage on Rental Property, Dover, DE	Type of Liability	
	\$10,001- \$15,000	
	\$15,001- \$50,000	$] \mid$
	\$50,001- \$100,000	
X ×	\$100,001- \$250,000	
	\$250,001- \$500,000	mount
	\$500,001- \$1,008,000	Amount of Liability
	\$1,000,001- \$5,000,000	
	\$5,000,001- \$25,000,000	▋▐
	\$25,000,001- \$50,000,000	
	Over \$50,000,000	Į ∣
	Over \$1,000,000* (Spouse/DC Liability)	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

			Position	Position and contains contained from a state of contained to
			Name of Organization	period dire the services from a resolvent services and reserved between the services and the period from the found.

SCHEDULE F - AGREEMENTS

Name: Alex Morse

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identify the di continuation of employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation employer.	ive with respect to: future employment; a leave of absence during the period of government service; rernment, or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement

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

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

Accounting Services		Example:
Brief Description of Duties	Source (Name and City/State)	

FILER NOTES (Optional)

Name: Alex Morse

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