

HAND DELIVERED

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MC

UNITED STATES HOUSE OF REPRESENTATIVES
2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

2010 AUG - 7 P.M.
Office Use Only

Name: Gwen S Moore Daytime Telephone: 202-225-4522

A \$500 penalty shall be assessed against any individual who files more than 30 days late.

REPORT STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Wisconsin</u>	Officer or Employee:	Staff Filer Type: (If Applicable)
REPORT TYPE	2010 Annual (Due: May 18, 2010)		<input type="checkbox"/> Amendment	<input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
			<input type="checkbox"/> Termination	Date of Termination:

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? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gifts totaling more than \$300 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$300 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS			
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.			
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "accepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?			
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.			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C – EARNED INCOME

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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 spouses 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: The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,846. In addition, certain types of income (including honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (Include date of receipt for honoraria)	Type	Amount
Keen State State of Wisconsin Milwaukee County (C.A.D.) Oconto County Board of Education	Administrative Fee Legislative Person Senate Session Senate Salary	\$1,000 \$1,000 \$1,000 \$1,000
<i>State of Wisconsin</i>	<i>Legislative Person</i>	<i>15,411.00</i>

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

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:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Excludes:** 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 over \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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 by any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position

Name of Organization

THE BOSTONIAN

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SCHEDULE F – AGREEMENTS

Name: Gwen S. Horne
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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 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.

SCHEDULE - GIFTs

Report the source (by name), a brief description, and the value of all gifts totaling more than \$300 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 (which may not include a registered lobbyist or foreign agent), 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 \$300 or less need not be added towards the \$300 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.

Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	
	Other Planter (prior determination of personal familiarity received from the Committee on Ethics)	

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$300 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 reimbursed 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, § 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	Date(s)	City or Department-Destination-City of Return		Lodging? (Y/N)	Food? (Y/N)	Family Member (Name)
		Outbound	Inbound			
Government of Qatar (QGCT)	Aug. 6-11	DC-Bethel, China-DO	—	Y	Y	N
Humanity (Family Member)	Mar. 24	DC-Bethel-DC	—	Y	Y	—
QGCT	Aug 8-11	MKE - Memphis - MKE	—	Y	Y	—
Government of Qatar	Dec 12-16	Dulles - London - Doha-Qatar	—	Y	Y	—

Use additional sheets if more space is required.