

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

FORM A Page 1 of 7
 For use by Members, officers, and employees

HAND DELIVERED

Jerry Moran
 (Full Name)

LEGISLATIVE RESOURCE CENTER

2443 Rayburn HOB Washington, DC 20515
 (Mailing Address)

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 Daytime Telephone:

2006 MAY 15 PM 4:25

MC

(Office Use Only)

Filler Status

Member of the U.S. House of Representative

State: KS
 District: 01

Officer Or Employee

Employing Office:

U.S. HOUSE OF REPRESENTATIVES
 A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Report Type

Annual (May 15)

Amendment

Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Jerry Moran	May 15 06

SCHEDULE I - EARNED INCOME

Name Jerry Moran

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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) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
United School District 489 (Hays, KS)	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jerry Moran

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<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership Income or Farm Income)</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.</p>
Pfizer Inc, Stock	1,001-15,000	Dividends	1-200	
Capital World Growth and Income A, Mutual Fund	15,001-50,000	Dividends	2,501-3,000	
Capital Income Builder A, Mutual Fund	50,000-100,000	Dividends	2,501-3,000	P
Investment Company of America A, Mutual Fund	15,001 - 50,000	Dividends	1,001-2,500	
Bank Deposit Sweep Option	1-1,000	Interest	1-200	S
Fidelity Growth Opportunity T, Mutual Fund	1,001-15,000	Dividends, Capital Gains	1-200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jerry Moran

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	Income Fund of America B, Mutual Fund	1,001-15,000	Dividends, Capital Gains	201-1,000	P
	Hanston Insurance Agency, Stock (at cost)	100,000-250,000		NONE	
JT	Boeing Company Stock	1,001 - 15,000	Dividends	1-200	
JT	Chevron Texaco, Stock	1,001-15,000	Dividends	201-1,000	
JT	Exxon Mobil, Stock	50,001-100,000	Dividends	1,001-2500	
JT	Halliburton Company, Stock	1,001-15,000	Dividends	1-200	
JT	Schlumberger LTD, Stock	1,001-15,000	Dividends	1-200	
JT	Transocean Sedco Forex, Stock	1,001-15,000		NONE	
SP	Fidelity Growth Opportunity T, Mutual Fund	1,001 - 15,000	Dividends, Capital Gains	1-200	
SP	MFS Massachusetts Inv B, Mutual Fund	15,001 - 50,000		NONE	
SP	Capital Income Builder B, Mutual Fund	1,001-15,000	Dividends, Capital Gains	201-1,000	
SP	Investment Company of America B, Mutual Fund	1,001 - 15,000	Dividends, Capital Gains	201-1,000	
SP	Income Fund of America B, Mutual Fund	1,001 - 15,000	Dividends, Capital Gains	201-1,000	

SCHEDULE IV - TRANSACTIONS

Name Jerry Moran

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Income Fund of America B, Mutual Fund	P	06-20-2005	1,001 - 15,000
	Capital Income Builder B, Mutual Fund	P	04-25-2005	15,001 - 50,000
	Bank Deposit Sweep Option	S	04-25-2005	15,001 - 50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jerry Moran

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 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 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 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 (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 you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
National Railroad Construction and Maintenance Association	Jan 7-9	Kansas City - Ft. Lauderdale - Charlotte NC	Y	Y	Y	1 day
American Farm Bureau Foundation	Jan 9-10	Charlotte - Kansas City	Y	Y	Y	n/a
Association of American Railroads	Feb 18-22	DC - Orlando - Kansas City	Y	Y	Y	1 day
Center for International Policy	March 21- 24	Kansas City - Miami -Cuba - Kansas City	Y	Y	N	N/A
Chicago Board of Trade	April 11-12	Kansas City - Chicago - DC	Y	Y	N	N/A
Kansas Bankers Association	August 4-5	Hays - Colorado Springs - Hays	Y	Y	Y	N/A
Hays Medical Center	August 25- 28	Hays - Broomfield - Hays	Y	Y	Y	N/A

SCHEDULE VIII - POSITIONS

Name Jerry Moran

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Fort Hays State University (Hays Kansas)
Governor	Board of Governors, University of Kansas School of Law (Lawrence Kansas)
Executive Member	The Eisenhower Foundation (Abilene Kansas)
Commissioner	Dwight D. Eisenhower Memorial Commission (Washington DC)

JERRY MORAN
FIRST DISTRICT
KANSAS

COMMITTEE ON
AGRICULTURE

CHAIRMAN

SUBCOMMITTEE ON GENERAL FARM
COMMODITIES AND RISK MANAGEMENT

COMMITTEE ON
TRANSPORTATION AND
INFRASTRUCTURE

COMMITTEE ON
VETERANS' AFFAIRS

SIGN UP FOR EMAIL UPDATES:
WWW.HOUSE.GOV/MORANKS01

Karen Haas
Legislative Resource Center
Cannon HOB Room B 106
Washington DC 20515

Ms. Haas:

Upon further review it has come to my attention that I made the following mistakes on my 2004 and 2005 Financial Disclosure. Please accept this as an amendment to my report and include the following:

Addition to Schedule 3 for the 2004 FD:

Source	Block B	Block C	Block D	Block E
SP Capital Income Builder B, Mutual Fund \$1001-\$15,000		Dividends/Capital Gains	\$201-1,000	

Additions to Schedule 3 for the 2005 FD:

Source	Block B	Block C	Block D	Block E
ING Life Insurance Annuity	\$15,001-\$50,000	Dividends/Interest	\$201-\$1,000	
Lincoln Life Special Opportunities Mutual Fund	\$1,000 - \$15,000	Dividends	\$201-\$1,000	
Farm Land/Jackson Co Kansas	\$1,000 - \$15,000	none	none	inheritance

Amendments to Schedule 4 for the 2005 FD:

Please change Capital Income Builder B, Mutual Fund to Capital Income Builder A, Mutual Fund.

Amendments to Schedule 3 for the 2005 FD:

Please change the Bank Deposit Sweep Option to Wachovia Bank Deposit Sweep Option.

Thank you for you attention to this matter. Please contact Crystal Emel, Office Manager, at 202-225-2715 if I can be of further assistance.

Very truly yours,



Jerry Moran

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Congress of the United States
House of Representatives
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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