



# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Richard Moon  
**Status:** Congressional Candidate  
**State/District:** NY23

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2021  
**Filing Date:** 05/11/2022

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Bank accounts [BA]  DESCRIPTION: checking and savings		\$500,001 - \$1,000,000	None		
jp Morgan loan note, 9% Interest [OT]  DESCRIPTION: short term callable loan		\$250,001 - \$500,000	Interest	\$5,001 - \$15,000	None
Pharmacy Innovations Group, 100% Interest [OL]  LOCATION: Multiple, NY, US DESCRIPTION: Business owned By myself include companies that own 6 pharmacies, a wholesaler, real estate and a plane and well as a new distillery in the opening process. a couple other small companies mixed in as well.. Revenue in distributions.		\$5,000,001 - \$25,000,000	distributions	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
retirement acct [IH]  DESCRIPTION: retirement account		\$250,001 - \$500,000	None		

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Pharmacist Mutual Insurance companies	Board Of Director Salary	\$60,000.00	\$55,000.00
The Compounders group	Advisory Board (BOD)	\$15,000.00	\$15,000.00
Pharmacy Innovations Group	President?CEO	\$350,000.00	\$350,000.00

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Wells Fargo	2/2020	townhouse mortgage	\$100,001 - \$250,000

## SCHEDULE E: POSITIONS

Position	Name of Organization
Board of Directors	Pharmacist Mutual Insurance Company
President/CEO	Pharmacy Innovations Group
Advisory Board	The compounders group

## SCHEDULE F: AGREEMENTS

None disclosed.

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

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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  No

**Exemption:** 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  No

## CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Richard Moon , 05/11/2022