	NAV 'S S SNET
UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	LESSLEWELL AND SER A
Name: TIMOTHY H. HARRIS Daytime Telephone:	20171114Y 25 AM 11: 10
New Member of or Candidate for State: 6 K U.S. House of Representatives District: 71951 Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to 1/R/L 39 2017 In	A \$200 penaity 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? Or in the current calendar year up through the date of filing? b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? 	the reporting he sate of filing? Yes No No
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? 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?	rangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? No Single source in the current year and two prior years?	ears? Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	OMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
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 that benefits you, your spouse, or dependent child?	ve you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	all three tests for Yes No X

Name: TIMOTHY H. HAMPLS

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Florida ST (Victoria Tex Bldg	Dallas Tex	Advisors Di	Invesco Unit TRS 1576		Examples:			For bank and other cash accounts, it all interest-bearing accounts. If all interest-bearing accounts. If \$5,000, list every financial institution more than \$1,000 in interest-bearing for rental and other real property he provide a complete address or of tental property. In address and state that is not publicly faded, state that is not publicly faded, state to business, the nature of its acgeographic location in Block A. Exclude: Your personal residence, homes and vacation homes (unless income during the reporting period): interest in, or moome derived retirement program, including the Thif you have a privately-traded fund the Investment Fund, please check the if you so choose, you may indicate income source is that of your dependent child (CC), or jointly held in the optional column on the far left, for a detailed discussion of Scheduly please refer to the instruction bookle	all IRAs and (k) plans) provid account that exc	Provide complete names of stoc (do not use only ticker symbols).	Identify (a) each asset held production of income and with exceeding \$1,000 at the end of and (b) any other reportable asset which generated more than \$1 income during the year.	Assets and	
Dept Env Protn Rev Ser	Victoria Tex Indpt Sch Dist Sch Bldg	Dallas Tex Area Rapid Tran Rev RF	Advisors Disciplined TR Unit 1307	t TRS 1576	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock		For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," 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 fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or mome derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EH" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (UC), 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.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting penied and (b) any other reportable asset or source of income which generated more than \$200 in unearned income during the year.	Assets and/or income Sources	BLOCK A
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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: TIMOTHY H. HARRIS

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Eaton Vance Balanced Fund CL C	Preferred Deposit	ML Bank Deposit Program	JP Morgan Core Plus Bond CL Select	EV Tabs 5 to 15 YR Laddered Muni Bond	Pirnco Low Duration FD Institutional Class	American Capital Income Builder CL C	Pimco Total Return Portf FD Insti	Wal-Mart Stores Inc	Westrock Co	FT Unit 6350 Target Global DVD	SP500 Clim Issuer RBC Cap	Merck and Co Inc	Ingevity Corp	Blackrock Muniyield Otty FD Inc	ASSET NAME					Assets and/or Income Sources	BLOCK A
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Name: TIMOTHY H. HARAIS

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SCHEDULE C - EARNED INCOME

Name: TIMOTHY H. HARRIS Page

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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

	1	Am	Amount
Source (include date of receipt for nonoraria)	łype	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 \$0	\$1,000 N/A
	Wages	2,106	5,130
Oklahoma Wesleyan University	Wages	6291	1080%
Oklahoma Public Employee Retirement System	Pension	36,808	136 512
CATC Medstaff PC	Spouse salary	NIA	NIA
Community Care HMO	Spouse salary	NIA	NA

SCHEDULE D - LIABILITIES

Name: TIMOTHY H. HAMIS

Page 12 of 13

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.

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			No	Example			
			NONE	First Bank of Wilmington, DE	Creditor		
				5/98	Liability Incurred MO/YR)	
				Mortgage on Rental Property, Dover, DE	Type of Liability		
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					Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

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. 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

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Position	Name of Organization
Executive Committee Member	First United Methodist Church
Board Member	Oklahoma Methodist Manor
Board Member	The Demand Project
Board Member	Tulsa Boys Home
President	Tulsa County Sheriffs Foundation
Chairman	y and US Marshall for Northern and Eastern Districts of
Sole Proprietor	Tim Harris RDA Consulting LLC
Trustee	Michael R. Avakian Trust

SCHEDULE F - AGREEMENTS

Name: TIMOTHY H. HARAIS Page 13 of 13

dentify the da 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 in employer.	dentify 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.
Date	Parties to Agreement	Terms of Agreement
	NONE	

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.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	JNONE	