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| UNITED STATES HOUSE OF REPRESENTATIVES | FORM B | MAI 2 / CUIT Page 1 of 6 |
| FINANCIAL DISCLOSURE STATEMENT | For New Members, Candidates, and New Employees | PIOYBES LEGISLATIVE RESOURCE CENTER |
| • | | 2014 JUN -4 PM 1:25 |
| Name: MARK L HARRIS | Daytime Telephone: | OFFICE OF THE CLERK |
| New Member of or Candidate for State: <u>W/SC</u> U.S. House of Representatives District: <u>6</u> Candidates – Date of Election: NGU 4 2014 | Check if Amendment | (Office Use Only) |
| New Officer or Employee Employing Office: | Period Covered: January 1, to MAY & 2014 | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS | F 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 b. Make more than \$200 in unearned income from any reportable asset during the reporting period? | No C | E. Did you hold any reportable positions during the reporting period Yes X No or in the current calendar year up 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 period? | No F. Do you have any reportable agreements or arrangements with an outside entity? | reements or arrangements with Yes No |
| D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period? | J. Did you receive compensation source in the current year and tw | J. Did you receive compensation of more than \$5,000 from a single Yes No source in the current year and two prior years? REPONTED ON SCHEDULE |
| ATTACH THE CORF | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWITHIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQU | U ANSWER "YES" LE REQUIRED TO COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS | T INFORMATION - ANSWER <u>BOTH</u> O | F THESE 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? | on Ethics and certain other "excepted trusts" need not be did? | sclosed. Have you excluded from 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? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | income, transactions, or liabilities of a spouse or dependen committee on Ethics. | child because they meet all three Yes No No |

all interest-bearing accounts. If the total \$5,000, list every financial institution where more than \$1,000 in interest bearing accounts. For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. SCHEDULE A - ASSETS & "UNEARNED INCOME" rental property," and a city and state. or rental and other real property held for investmen For bank and other cash accounts, total the amount (do not use only ticker symbols) or an ownership interest in a privately-held busin unearned" income during the year etirement program, including the Thrift Savings Plan come during the reporting period); and any financi iterest in, or income derived from, a feder eographic location in Block A. spendent child (DC), or jointly held with anyone (JT) the optional column on the far left. you so choose, you may indicate that an asset you have a privately-traded fund that is an Except vestment Fund, please check the "EIF" box. omes and vacation homes (unless there was culude: Your personal residence, including secon sduction of income and with a fair market value seeding \$1,000 at the end of the reporting period is not publicly traded, iness, the nature of all IRAs and other retirement plans (such vide complete names of stocks and mutual fund 9 Assets and/or Income Sources EXELON CORP SENERAL MOTORS æ any other reportable which generated m detailed discussion of Schedule ents, please refer to the instruction booklet ABC Hedge Fund Simon & Schuster Mega Corp Stock **BLOCK A** State 9 the name description, investment there i (SP) ᇍ역 ᄠ If an asset was sold during the reporting period included only because it generated income, the please specify the method used. Indicate value of asset at close of the reporting period, you use a valuation method other than fair market valu None > *Column M is for assets held by your spouse or depende child in which you have no interest. should be "None." • \$1-\$1,000 \$1,001-\$15,000 o \$15,001-\$50-000 o X \$50,001-\$100,000 ш Value of Asset \$100,001-\$250,000 79 **BLOCK B** 0 × \$250,001-\$500,000 \$500,001 \$1,000,000 I \$1,000,001-\$5,000,000 _ \$5,000,001-\$25,000,000 -market value * \$25,000,001-\$50,000,000 -Over \$50,000,000 and Spouse/DC Asset over \$1,000,000 Z the "Tax-Deferred" column. Dividence interest, and capital gains, even reinvested, must be disclosed as incored for assets held in taxable account Check "None" if the asset generated that generate tax-deferred income (sucn as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends the "Tax-Deferred". Check all columns that apply. For accoun NONE scome during the reporting period × DIVIDENDS RENT Type of Income INTEREST Name: BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST XXXXX TAX-DEFERRED 32xx Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) XXXXX and capit accounts. 'Column XII is for assets held by your spouse or dependent child in which you have no interest For assets for which × \$1-\$200 = assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. assets indicate the category of income by checking the appropriate box below. Dividends, I capital gains, even if reinvested, must be discharad as from the control of the control of the capital gains, even if reinvested, must be discharad as from the capital gains. * \$201-\$1,000 al gains, even if reinvested, must Check "None" if no income was earned 2 \$1,001-\$2,500 HARRIS < Current Year \$2,501-\$5,000 ≤ >< \$5,001-\$15,000 ≨ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Amount of Income must be disclosed as income earned or generated. × Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000* × XXXXX \$1-\$200 \$201-\$1,000 奎 Page 7 \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 **S** رۇ \$5,001-\$15,000 ≦ \$15,001-\$50,000 × ≦ 9 × \$100,001-\$1,000,000 5 \$1,000,001-\$5,000,000 taxabi Over \$5,000,000 × ξ Spouse/DC Income over \$1,000,000* ≅

COCA COLA CO

ROCTERS COMMUNICATIONS

YAMANA GOLD INC

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. 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.

| Exits in example, seriain types of income (notably notation) and one a bost and payments of professional services involving a | | Amount | Amount |
|---|-----------------------------|------------------------|----------------------------|
| Source (include date of receipt for honoraria) | Туре | Current Year to Filing | Preceding Year |
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$500 |
| Examples: Civil War Gountable, Richmond, VA (Oct. 2) Ontario County Board of Education | Spouse Speech Spouse Salary | \$20,000 \$0 N/A | \$/6,000 \$1,000 N/A |
| OSMBANNIM 40 LINES | SOLARY | 42391.7a | 97535,92 |
| MERCY MEDICAL CENTER | SPOUSE SALARY | 16791.15 | 39464.70 |
| WISCHNSIN COUNTIES ASJOCIATION | PER MEETING FEE | 75.00 | 300.00 |
| EAST CENTRAL WIS REG PLONNING COMM | PER MEETING FEE | 200.00 | 400.00 |
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SCHEDULE D - LIABILITIES

Name: MARK L HORRES Page 6 of 6

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.

| | | | | | | | > | mount | Amount of Liability | ability | | | | |
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| SP. DC. JT | Creditor | Date Liability Incurred MO/YR | Type of Liability | \$10,001- \$15,000 | \$15,001- \$50,000 | \$50,001- \$100,000 | \$100,001- \$250,000 | \$250,001- \$500,000 | \$500,001- \$1,000,000 | \$1,000,001- \$5,000,000 | \$5,000,001- \$25,000,000 | \$25,000,001- \$50,000,000 | Over \$50,000,000 | Over \$1,000,000* (Spouse/DC Liability) |
| | Example First Bank of Wilmington, DE | 5/98 | Mortgage on Rental Property, Dover, DE | | | | × | | | | | | | |
| | FOND CREEDIT | APRIL 12 | AUTO LODN | | ኢ | | : | | | | | | | |
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SCHEDULE E - POSITIONS

other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions had in the reporting parties and second-year candidates report positions had in the reporting parties and second-year candidates report positions had in the reporting parties and second-year candidates report positions had in the reporting parties and second-year candidates report positions had in the reporting parties and second-year candidates report positions had in the reporting parties and second-year candidates report positions had been present parties and second-year candidates. 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 an organization, partnership, or an organization, partnership, or consultant of any corporation, firm, partnership, or an organization, partnership, or consultant of any corporation, firm, partnership, or consultant or

| positions neight the reporting period and the current calendar | positions neigh in the reporting period and the current calendar year. First-year candidates and new employees report positions neigh in the current calendar year and two previous years. |
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| Position | Name of Organization |
| Borno Member | FOX VOLLEY TECHNICAL COLLEGE |
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MAY 2 7 2014

CAMPAIGN NOTICE

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself of others) or spent in excess of \$5,000 for your campaign, or if you have withdrawing of the CLERK your candidacy, please indicate your status and sign and date below. U.S. HOUSE OF REPRESENTATIVES

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6601

| Indicate Your Status: (Select One) | Dear Madam Clerk: |
|---------------------------------------|--|
| | This is to notify you that I have not yet raised (either through contributions or loans from myself |
| Over \$5,000 Threshold Not | or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives. |
| Exceeded | I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial |
| HRESHOLO | Disclosure Statement with the Clerk of the House of Representatives according to the deadlines |
| REACHED | set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been |
| · - | provided to me by the Clerk. |
| May 8th | L. |
| DUE JUNE 74h | This is to notify you that under the laws of the state of, |
| Withdrawal of Candidacy | I withdrew my candidacy for the U.S. House of Representatives on |
| | [Note: If your Financial Disclosure Statement was due before the date on which you withdrew |
| | from the race, you still must file a Financial Disclosure Statement with the House.] |
| | Name (Please Print or Type): MARK L HARRE |
| | State: WISCONSIN District: 6th Congressional |
| | Date: 5/27/14 |

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601