_												_												
	Exemptions	Trusts	EXCLUSION OF	If yes, comple	V. than \$10,000) du	if yes, comple	Did you, your sportable asset	more than \$1,00 If yes, comple	Did you, your sp III. more than \$200	If yes, comple	Did any individu	If yes, comple	Did you or your I. or more from ar	PRELIMINARY	_	Report	(7) 					CALENDAR YI	UNITED S	1
		Details regarding trusts" need not child?		If yes, complete and attach Schedule 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 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?	more than \$1,000 at the end of the period? If yes, complete and attach Schedule 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	If yes, complete and attach Schedule 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 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?	W INFORMATION	Annual (May 15)	<u> </u>	House of Representatives	Member of the U.S				CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOUSE	
	ed from this report ar et all three tests for e cial Conduct.	"Qualified Blind Trus be disclosed. Have y	DEPENDENT,	e V.	d have any reportable lia	e IV.	purchase, sell, or exchaing \$1,000 during the repo	e III.	d receive "unearned" inc hold any reportable asse	e =	donation to charity in lie the reporting period?	e	ome (e.g., salaries or fee period?	ON ANSWER EACH) Amendment	 		J.S. State:	(Full Name)	Gregg Harper		AL DISCLOSURE	E OF REPR	
	Have you excluded from this report any other assets, "unearned" income, transactions, or libecause they meet all three tests for exemption? Do not answer "yes" unless you have first Standards of Official Conduct.	sts" approved by the ou excluded from this	SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE		ıbility (more Yes ☑ No		ny Yes 🗌	 	Yes	[Yes	 	Yes 🗸	우			District: 03	. MS				STATEMENT	OF REPRESENTATIVES	
	ırned" incomı ıswer "yes" u	Committee or s report detail	ORMATIC		<u>.</u>	 !	No X		No SIII.	l	No S	<u>i</u>	No [VI.	THESE QUE	Termination	! <u> </u>	Emp	Offic	:				S	
		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?	ON ANSWER	schedule attached	Each question in t	If yes, complete and attach Schedule IX.	Did you have any reportable agreement or arrangement with an outside entity?	If yes, complete and attach Schedule VIII.	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	from one source)? If yes, complete and attach Schedule VII.	Did you, your spouse, or a dependent child receive any reportable travel reimbursements for travel in the reporting period (worth more than \$335	If yes, complete and attach Schedule VI.	Did you, your spouse, or a the reporting period (i.e., a exempt)?	QUESTIONS		Termination Date:	Employee	Officer Or Emplo				For use by Members, officers, and employees	FORM A	
	abilities of a spouse or dependent consulted with the Committee on	Conduct and certain of iting you, your spouse	R EACH OF THESE QUESTIONS	hed for each "Yes" response	in this part must be answered and the appropriate	ttach Schedule IX.	ble agreement or arrangen	ttach Schedule VIII.	ole positions on or before t	ttach Schedule VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 reimbursements).	ttach Schedule VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?			ate:		Employing Office:	(Daytime Telephone)	202-225-5031		s, officers, and emp	Page	
	pendent child nittee on	ther "excepted , or dependent	E QUESTIC	sponse.	เกรพered and		nent with an outsid	 	he date of filing in	 	any reportable trav orth more than \$3:		any reportable gift 35 and not otherwis		late.	mo	be	A \$		2000 1116			Page 1 of 5	
	Yes 🗍	Yes	SNO		the appro		Yes		Yes	!	velor 135 Yes		se Yes		 	more than 30 days	be assessed against	A \$200 penalty shall	(Office UserOnly)	115 12 PM 4: 17	TESOURCE CENTER			
	S C	No ((((((((((opriate		₹	. [S ₹	 	 8 <u>√</u>		<u>₹</u>		 	days	against	ty shall	(XIUO)	: 7 	CENTER			

SCHEDULE 1 - EARNED INCOME

Name Gregg Harper

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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 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	Туре	Amount
City of Brandon MS	Salary - City Prosecutor	\$5,555
City of Richland MS	Salary - City Prosecutor	\$24,000
Sanford & Harper (Law Firm)	Fees for Legal Services	\$388,641
Midsouth Business Services	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gregg Harper

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		Name Gregg Harper	rper		
	BLOCK A	вгоск в	вгоск с	всоск в	BLOCK €
Ass	Asset and/or Income Source	Year-End	Type of Income	Amount of Income	Transaction
Identify (a) ea a fair market	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,	Value of Asset	Check all columns that apply. For retirement	For retirement plans or accounts that do not allow	Indicate if asset had purchases
and (b) any c	and (b) any other assets or sources of income which generated more	at close of reporting	plans or accounts that do	you to choose specific	(P), sales (S), or
land, provide	land, provide a complete address. Provide full names of stocks and	valuation method other	specific investments, you	"NA" for income. For all	exceeding
mutual funds	mutual funds (do not use ticker symbols). For all IRAs and other	than fair market value,	may write "NA". For all	other assets, including all	\$1,000 in
in which you	in which you have the power, even if not exercised, to select the specific	method used. If an	IRAs, indicate the type of	of income by checking the	9
in the account	in the account that exceeds the reporting thosehold. For estimators	asset was sold and is	income by checking the	appropriate box below.	
plans that are	plans that are not self-directed, name the institution holding the account	it is generated income,	Dividends and Interest,	if reinvested, should be	
that is not pu	that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional	"None."	be listed as income. Check "None" if asset did	"None" if no income was earned or generated.	
The Contract of the	ווויטווים שפר נופ ווישני שלישטור מיטאופר.		during the calendar year.		
Exclude: You debt owed to parent or sible savings acco	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 refreement programs				
If you so cho that of your s in the options	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.				
	3 Country Place Pearl, MS 39208	\$250,001 - \$500,000	Rent	\$15,001 - \$50,000	N/A
SP	50% of 1/4 undivided interest 400 Acre Tract - Bentonia, MS	\$50,001 - \$100,000	Farm Income	\$2,501 - \$5,000	N/A
	State of MS Def. Comp. Plan	\$50,001 - \$100,000	Deferred	NONE	N/A
	State of MS State Retirement	\$1,001 - \$15,000	None	NONE	NA

SCHEDULE V - LIABILITIES

Name Gregg Harper

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

- (cm : m -			
SP, DC,	Creditor	Type of Liability	Amount of Liability
	Citizens National Bank	Mortgage on 3 Country Place Pearl, MS 39208	\$250,001 - \$500,000
	BancorpSouth Bank	Business Loan	\$15,001 - \$50,000
	Citizens National Bank	Business Loan	\$15,001 - \$50,000

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SCHEDULE IX - AGREEMENTS

Name Gregg Harper

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Identify the date, parties to, and general terms of any agreement or arrangement 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	Terms of Agreement
1		over 10 years at a predetermined monthly payment beginning
		02/01/2009 with balance due at the end of that 10 year period.