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UNITED STATES HOUSE OF REPRESENTATIVES FORM B For New Members, Candidates, and New Employees	Page 1 of $\mathcal{L}\mathcal{J}$
Name: T/M HA MI15 Daytime Telephone:	18 MAY -7 PM 12: 29
New Member of or Candidate for State: OK U.S. House of Representatives District: FIRST Check if Candidates – Date of Election: 6 – 26/2018 Check if	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable) Employing Office: Shared Principal Assistant to AM(LL, Lot)	A \$200 penalty 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? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of fling? 	the reporting h the date of filing? Yes X No
C. Did you or your spouse have "earned" income (e.g., salaries. Anonoraria, or pension/IRA distributions) of \$200 or more during the reporting period or in the current calendar 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
D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did you receive compensation of more than \$5,000 from a 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	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE	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?	we you excluded Yes No 🔀
EXEMPTION – Have you excluded from this report any other assets, "unearned" 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

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Name: TIM HARAIS

SCHEDULE A – ASSETS & "UNEARNED INCOME"	
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SCHEDULE C - EARNED INCOME

Name: TIM HARRIS Page 11 of 13

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: 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

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		Am	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: State of Maryland Child War Rouadtable (Oct. 2)	Spause Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
	Wages	-0-	2,565
Oklahoma Wesleyan University	Wages	-0-	2,040
Oklahoma Public Employee Retirement System	Pension	34,28	136,408
CATC Medstaff PC	Spouse salary	MA	NIA
Community Care HMO	Spouse salary	NIA	NIA

SCHEDULE D - LIABILITIES

Name: TIM HARKIS

Page 12 of 13

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. 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 (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 period. New Members: Members are required to report all fiabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence

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SCHEDULE E - POSITIONS

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 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, and two previous years.

Position	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	Panel to Recommend US Attorney and US Marshall for Northern and Eastern Districts of Oklahoma
Sole Proprietor	Tim Harris RDA Consulting LLC
Trustee	Michael R. Avakian Trust

SCHEDU

		Date	Identify the date, partic continuation or deferra employer.	SCHEDULE F
	NONE	Parties to Agreement	ss to, and general terms of any agreement or arrangement that you have lof payments by a former or current employer other than the U.S. gove	SCHEDULE F - AGREEMENTS
		Terms of Agreement	Identify 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.	Name: TIM HARRIS
			od of government service; n maintained by a former	Page 13 of 13

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.

government and any information considered confidential as a result of	government and any information considered confidential as a result of a privileged relationship recognized by law. Led that repeat universal of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
DNONE	