I three tests for Yes No 🔀	a spouse or dependent child because they meet all	eamed" income, or liabilities of Committee on Ethics.	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.
e you excluded Yes 🔲 No 💢	other "excepted trusts" need not be disclosed. Have you excluded	mmittee on Ethics and certain o sependent child?	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne from this report details of such a trust that benefits you, your spouse, or dependent child?
NESTIONS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	RUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -
OMPLETE	SCHEDULE IF YOU ANSWER "YES" LES THAT YOU ARE REQUIRED TO COMPLETE	CORRESPONDING SC	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
,000 from a Yes No X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes X No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
ngement with an Yes No X	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?	Yes 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?
e reporting the date of filing? Yes X No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No X	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. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?
	QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 2016 to October 27, 2017	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
(Office Use Only)	Check if Amendment	10 2018	New Member of or Candidate for State:
U.S. HOUSE OF REPRESENTATIVES	hone:	Daytime Telephone:_	Name: T. Adam Harrison
NOV 0.4 ZUIV Page 1 of LEGISLATIVE RESOURCE CENTER 17 NOV 13 PM 1: 18	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

מסוורטסרו אין אסטרוס	Ş	c	Ž	Ę	4	2		_	3	S	2	3	•						z	Name:	œ.		1	D	0	_	Ž		τ-	_	יבק	₹	arris	<u>ک</u>	2	ر			Ď	Page	ĺ .	1	Ĺ	윽	1	i		
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BLOCK A				ļ		В	вгоск в	X	-									ļ	BLO.	вгоск с	ဂ													_ ;	BLOCK D	S	~											
Assets and/or Income Sources	-				<	重	ğ	2	Value of Asset	*							4	Ą	ġ.	=	Type of Income	æ											¥	ě	Amount of Income	**	S	Tie.										
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 period,	r Indicate value of asset at close of the reporting period. If you buse a valuation method other than fair market value, please I, specify the method used.	ate v ify th	atue e ma	3	etho d us	B C 2 2	er ose	han	ai r	ag por	ket v	<u> </u>	F =		4 that Car	<u>(</u>	₹ <u>9</u>	525	9ac efet efet efet efet efet efet efet efe	errer errer	ts inc	you Fo	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check	For assets assets indi	See See	s for	9 ∰ ≸	:8;≷ 3.03	ing y	⊋ eck	. × 4	a a a	ot ell A ell	€ 2		₹ 9 0	- pg 50 5 0 50	u ma priate	2 p c	<u> </u>	o de "		6 8	ds.		for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other cate the category of income by checking the appropriate box below. Dividends, interest, and the category of income by checking the appropriate box below. Dividends, interest, and the category of income for assets hald in taxable accounts.		. . .
and (b) any other reportable asset or source of income		ese	ğ. ≤	as	Sold	ğ	ğ	ŧ	г	ĝ.	ō V	Pi.	9		3	Ta	"Tax-Deferred"	Į.	ă,	column.	3	Ε,	Dividends,	Check Non	Ž	one,	3	o inc	office	Was	ean	edc	T Ge	neral	2	2	=	Ì	3	8	ŝ			2	ā	Š	5	
which generated more than \$200 in "uneamed" income during the year.	included only because it generated income, the value should be "None."	one de) V	ec:	use	it ge	ner :	ated	<u>.</u>	Ĭ,	a °	valu	e sh	ᅙ	4 E	interest, reinveste	. 8 .	ᆵ	8 8	and in	and capital gains, d, must be disclosed	8 Z	emoor If	*Column X	3	<u>≅</u>	ġ,	asse	뺭	흔	₹	Ş	Seno	ğ	is for assets held by your spouse or dependent child in which you have no interest	nden	<u>\$</u>	<u>a</u>	¥ ic	h Yo	ᇳ	à) inte	rest				
ks and mutual funds		3	. ⊠	₫	esse	§ ₹	: 본	y.	Ē	Spot	ise c	r de	pen	ent	Z S	. Те ⁷ 8	# \$	e 25	set 2	e e	"None" if the asset generated no i	2 5	if the asset generated no income																									
	child in which you have no interest.	ĕ	핡	Ϋ́	hav	e 70	inte	rest	,,						duri	₽	<u> </u>	Don't	ng p	during the reporting period.																												
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that account the accou]	Į.	l	i	1	1	1	1	ł	l]				1	1	ł	ł	1				ł	1							l	1	1	j	1	1	1	Ī	1	1	1	1	1	ĺ	1	I	
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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.	:				r	-				-			,	1											=	=	₹	<	٧	≦	I I	×	×	×	ĭ	_	=	E	₹	٧	≤	≦	≦	⋝	×	×		= ,
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.																							me)																									
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.	φ_Φ w																						ne or Farm Inco																									
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.														•			0.44						, Partnership Incol												0*												0*	-
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.														1,000,000							π		ecify: e.g.												1,000,00												1,000.00	,500,000
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT),	Y.33		00	000	0,000	50,000	00.000	-		5,000,000	25,000,000	\$50,000,000	0,000	sset over \$		-				INS	BLIND TRUS	RED	f Income (Sp				0	10	00	000	0,000	000,000	5,000,000	000	ncome over				ю	10	100	,000	0,000	,000,000	5,000,000		ncome over	
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For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	None	\$1-\$1,00	\$1,001-\$	\$15,001	\$50,001	\$100,00	\$250,00		\$500,00	\$1,000,0	\$5,000.0	\$25,000	Over \$5	Spouse/	NONE	DIVIDEN	RENT		INTERE	CAPITA	EXCEPT	TAX-DE	Other Ty	None	\$1-\$200	\$201-\$1	\$1,001-	\$2,501-	\$5,001-	\$15,001	\$50,001	\$100,00	\$1,000,0	Over \$5	Spouse/	None	\$1-\$200	\$201-\$1	\$1,001-	\$2,501-	\$5,001-	\$15,001	\$50,001	\$100,00		Over \$5		Opouad/
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Adam

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SCHEDULE C - EARNED INCOME

Name:
Adam
Harrison
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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 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.

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

							Arkive	Luces lower	Ontario County Board of Education	Examples: State of Maryland	ABC Trade Association, Baltimore, MD (July 15)	Source (include date of receipt for honoraria)	
:	ļ						Seler y	151×	Spouse Salary	Salary	Honorarium	Type	
		5 5 5 5			,		20/600	95,000	N/A	\$20,000	\$0	Current Year to Filing	
			9				NIA	120,000	\$1,000 N/A	\$76,000	\$500	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name:	
T. Adam	
Harrison	
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(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 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 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 exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

Date Date	9				ı	_			
Date Date	ב ב		ļ Ļ				SP, DC, JT		
Date Date	7					Example			
Mortgage on Rental Property, Del S10,001- S15,000 Del S50,000 Del	DOSITIONS	:				First Bank of Wilmington, DE	Creditor		
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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. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	Direction of Sues	Series desires	Position
	RKIL	Luces bono	Name of Organization

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Name:	1
T. Adam	
Harrison	
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	Date Parties	Identify the date, parties to, and general terms continuation or deferral of payments by a forme employer.	SCHEDULE F - AGREEMENTS
	Parties to Agreement	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 employer.	S
	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: T Adam Harrison Page
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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.

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

FILER NOTES (Optional)

Name: T. Adam Harrison Page___of__

NOTE NUMBER

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CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

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

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

17 NOV 13 PM 1: 19

Indicate Your Status: (Select One) Dear Madam Clerk:

Over \$5,000 Threshold Not Exceeded This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines 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.

	Vithdrawal of Candidacy
•	, canalacy

This is to notify you that under the laws of the state of	
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):	Adam	Harrism	
State: WA		District:	
Date: 10/27/17			

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO

The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601