

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: T. Adam Harrison Daytime Telephone: _____

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LEGISLATIVE RESOURCE CENTER
17 NOV 13 PM 1:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

FILER STATUS

☒ New Member of or Candidate for U.S. House of Representatives State: WA District: 10
Candidates - Date of Election: Nov. 2018

☐ Check if Amendment

☐ New Officer or Employee
Employing Office: _____ Staff Filer Type (If Applicable):
☐ Shared ☐ Principal Assistant

Period Covered: January 1, 2016 to October 27, 2017

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

(Office Use Only)

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
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
Yes ☐ 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 ☐

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?
Yes ☒ No ☐

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 ☒

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?
Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF 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?
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.
Yes ☐ No ☒

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Use additional sheets if more space is required.

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Use additional sheets if more space is required.

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Name of Organization

Lucas Lang

2275

SCHEDULE F – AGREEMENTS

Name: T. Adam Harrison

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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.

Date	Parties to Agreement	Terms of Agreement

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

Name: T. Adam Harrison Page ____ of ____

T. Adam Harrison

of _____

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Use additional sheets if more space is required.

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

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LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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.

☐ Withdrawal
of Candidacy

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): Timothy Alan Harrison
State: WA District: 10
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