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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	Page 1 of LEGISLATIVE RESOURCE CENTER
Name: Edward Westergand Harsen	Daytime Telephone:	OFFICE UF THE CLERK U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates – Date of Election: 1/6/8	Check if Amendment	(Office Use Only)
New Officer or Employee Staff File  Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1, Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	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?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of	able positions during the reporting lendar 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 Yes reporting period?	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?	arrangement with an Yes No United 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?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	NSWER "YES"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - ANSWER BOTH OF THES	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	s and certain other "excepted trusts" need	not be disclosed. Have you excluded Yes No L
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.	income, or liabilities of a spouse or dependent child because they me	et all three tests for Yes No W

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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		•	なったべり	Emburges R	ABC Hedge Fund	Examples: Simon & Schuster	Mega Corp Stock		internst in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.  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), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	ownership interest in a not publicly traded, ss. the nature of phic location in Block le: Your personal resi and vacation homes	For rental and other real property held for investment provide a complete address or description, e.g. "rental property," and a city and state.	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.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	income during the year.	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income and (c) any other reportable asset or source of income and (c) any other reportable asset or source of income and (c) any other reportable asset or source of income	dentify (a) each asset held for invostment or	BLOCK A	SCHEDULE A
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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Folian Westergard Harsen Page 3 of

## SCHEDULE C - EARNED INCOME

Name: Folward Westergard Harsen Page 4 of

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.

		Δm	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Bettimore, MD (July 15)	Honorarium	\$0	<b>\$</b> 500
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000	\$76,000
C. Marios trust must Conter	Salan		\$11,757,00
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Coastal Careginus, lac.	salar	\$ 18,000	\$18,411.00
Reportant of State Health Survivo - Texus	Salan	\$ 60,000	
Harry Construction Company	salam	\$10,000	
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#### SCHEDULE D - LIABILITIES

Name: £ Oward Westernand Harry Page 5 of

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 exceeded \$10,000. 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 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 \*Column K is for liabilities held solely by your spouse or dependent child.

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						SP, DC, JT		
					Example		-	-
					First Bank of Wilmington, DE	Creditor		
	!				5/98	Date Liability Incurred MO/YR		
					Mortgage on Rental Property, Dover, DE	Type of Liability		
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						Over \$1,000,000* (Spouse/DC Liability)	*	<u> </u>

#### 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.

	Owner Marrieda	Dreden	Position
	Harsen Construction Company	Would wide waterways - non-proxit	, Name of Organization

### SCHEDULE F - AGREEMENTS

Name: Edward Westerraard Harred Page 6 of

Identify the da continuation of employer.	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 in employer.	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.

			Ting & Rephio Sackett, Action the	Wilmington Gooden Building The	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and City/State)
		/ / / /	Agran Carrie Agantoned construction	Deck construction	Accounting Services	Brief Description of Duties

#### 2016 W-2 and EARNINGS SUMMARY

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5 Employer's FED ID num 43-2002231 1 Wages, tips, other com	2 Federal income	e wx wanneld		ay may not match your for GTL, 401(k), cafet			ustments
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PAYER'S TEC	era) identification numb	BECIPIEN	PS identification number	5 Fishing boat proceeds	6 Medical and health care	payments	
76-05	5.76574			\$	\$		
Edwa	e, street address, city or town, cd W Hansen cd W. Hansen		untry, and ZIP or foreign postal code	7 Nonemployee compensation \$ 32150.00	dividends or interest	in lieu of	This is important tax information and is being furnished to the Internal Revenue
ne l				9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶	10 Crop insurance pro	ceeds	Service. If you are required to file a return, a negligence penalty or other sanction may be
Austi	n TX 78723			11	12		imposed on you if this income is

15a Section 409A deferrats

Austin TX 78723

Account number (see instructions)

Employee Reference Copy

FATCA filing

requirement

15b Section 409A income

payments

16 State tax withheld

13 Excess golden parachute

attorney

14 Gross proceeds paid to an

17 State/Payer's state no.

taxable and the IRS

18 State income

determines that it

has not been reported.

	<u>i</u>	CORRECT	ED (II CHECKED)				
PAYER'S name, street address, country, and ZIP or foreign postal  EMPLOYEES RETIREME P.O. BOX 13207 AUSTIN, TX 78711	code		1 Gross distribution   \$ 25,061.40   2a Taxable amount   \$ 25,061.40		2016 Form 1099-R	Per	Distributions From nations, Annuities, Retirement or Profit-Sharing s, IRAs, Insurance Contracts, etc.
			2b Taxable amor		Total distributio		Copy C For Recipient's Records
PAYER'S federal identification number	RECIPIENT'S identifica number		3 Capital gain (included in b	ox 2a)	4 Federal income withheld	tax	Kooolus
RECIPIENT'S name, street address country, and ZIP or foreign postal	ss, city or town, state or p	province,	\$		\$ 1,246.20		
MARILIZET ALANIZ			5 Employee contributions		6 Net unrealized appreciation in employer's secu	ırities	
AUSTIN TX 78723			s		\$		
			7 Distribution codes(s)	IRA/ SEP/ SIMPLE	\$	%	This information is being furnished to the Internal
			9a Your percentage distribution		9b Total employee co	ntributions	Revenue Service.
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement	12 State tax with \$	hheid	13 State/Payer's st	ate no.	14 State distribution \$
Account number (see instructions	3)		15 Local tax with	hheld	16 Name of locality	<i>†</i>	17 Local distribution
****************************			\$ \$				\$
Form 1099-R (keep for your reco	ords) V	ww.irs.gov/form	n1099r		Department of the	Treasury ·	- Internal Revenue Service

	a Emolovee's social security number	OMB No. 1545-000	This information is being furnis are required to file a tax return, may be imposed on you if this	hed to the internal Revenue Service. If you, , a negligence penalty or other sanction income is taxable and you fall to report it.
b Employer identification numbe 32-0216834	r (EIN)	1	Wages, tips, other compensation 18911.67	2 Federal income tax withheld 1565.00
c Employer's name, address, an COASTAL CAREGIV	d ZIP code /ERS, INC.	3	Social security wages 18911.67	4 Social security tax withheld 1172.52
3008 FOREST AVE	3	5	Medicare wages and tips 18911.67	6 Medicare tax withheld 274.22
PORT ARTHUR	TX 77642	7	Social security tips	8 Allocated tips
d Control number		9		10 Dependent care benefits
e Employee's name, address, an EDWARD W	d ZIP code HANSEN		Nonqualified plans Statutory Retirement Third-party	12a See instructions for box 12
AUSTIN	TX 78723		omptoyee plan aick pay  Dither	12b
15 State Employer's state ID nu	rnber 16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name
( `				

W-2 Wage and Tax Statement

50**1**P

Department of the Treasury-Internal Revenue Service

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PROMISE FUND\*

A Prepaid Plen as Smart as You Are P.O. Box 44305 Jacksonville, FL 32231-4305 (P) 1.800.445.4723 (F) 1.800.519.4652 \*\* www.texastuitionpromisefund.com

Mr. Edward W. Hansen

Austin, TX 78723

#### ANNUAL STATEMENT OF ACCOUNT

Statement Date:

December 31, 2016

Monitor and update your account online at www.texastultionpromisefund.com.

This statement includes only active contracts with benefits remaining. If your account is paid in full, this

			notice	serves as an annual communication	from the-
Purchaser F Mail: amazonexpress@ymail.com	n		progra	m office.	
ACCOUNT: BENEFIC	TARY: Olivia I. Han	sen			
Beneficiary Mailing Address:  Austin, TX 78723	Contract Financial S Payments Received: Your Pay-As-You-Co' co units at the current unit fixed payment obligation effective September 1 ex	\$26,3 Intract allows you to pure cost at any time. You ha I. Unit costs will change	ve no	Fee Information: Late Fees Due: Returned Payment Fees Due: Other Administrative Fees Due: Total Fees Due:	\$0.00 \$0.00 \$0.00 <b>\$0.00</b>
Successor: Marilizet Alaniz		<del></del>		Benefits Summary:	Purchased
Product Type: Type I	Conversion Adjustme		\$0.00 <b>\$0.00</b>	Type I Units: Units Used:	226.037 0.000
Projected High School Graduation: 2017 Payment Option: Pay-As-You-Go	Contributions for 201 FAFSA Reporting Value		300.00 592.41	Units Matured: <sup>2</sup> Units Not Matured:	114.216 111.821
ACCOUNT TOTALS					
Contract Financial Summary:		Summary of Com- Conversion Adjust Conversion Adjust	tment P	Paid:	\$0.00 <b>\$0.00</b>
Payments Received Total:	\$26,335.00	Summary of Fees Late Fees Due: Returned Paymen Other Administrat Total Fees Due:	nt Fees I	s Due:	\$0.00 \$0.00 \$0.00 <b>\$0.00</b>
		Contributions for FAFSA Reporting			\$4,800.00 \$28,592.41

<sup>1</sup> FAFSA Reporting Value is the refund value of your tuition units. If the Purchaser is a dependent student, or a student's parent whose assets are reported on FAFSA, report this value as a parental asset when completing the Free Application for Federal Student Aid (FAFSA). For more information, please visit https://fafsa.ed.gov/.
2 Tuition Units mature on the 3rd anniversary of the First Payment due date. For Pay-As-You-Co purchases made after this date, units mature on the 3rd anniversary of the date the payment was received. Matured Units can be used after all outstanding balances have been paid and a valid beneficiary SSN is on file, and before the 10-way termination limit.