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| UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For New Membe | FORM B For New Members, Candidates, and New Employees | JUL + 7 2015 Page 1 of 8 |
| Name: John Harrington Daytime Telephone: | hone: | 2015 JUL 23 PM 1:54 |
| New Member of or Candidate for State: TX U.S. House of Representatives District: 27 Candidates – Date of Election: 3 1 3016 | Check if Amendment | U.S. HOUSE OF REPRESENTATIVES (Office Use Only) |
| New Officer or Employee Employing Office: | Period Covered: January 1,to | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUE | 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. Make more than \$200 in unearned income from any reportable asset during the reporting period? | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | ng the reporting period Yes No No |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period? | F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing? | or arrangements with Yes No No |
| D. Did you, your spouse, or your dependent child have any reportable Yes X No liability (more than \$10,000) at any point during the reporting period? | 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 single Yes No |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARI | CHEDULE IF YOU ANSWER "YES" S THAT YOU ARE REQUIRED TO COMPLETE | S") COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER | N - ANSWER <u>BOTH</u> OF THESE QUESTIONS | E QUESTIONS |
| TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne this report details of such a trust that benefits you, your spouse, or your dependent child? | ther "excepted trusts" need not be disclosed. Have you excluded from | ave you excluded from Yes No X |
| EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | r liabilities of a spouse or dependent child because they meet all three | ise they meet all three Yes No X |

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| 3 | ಕ್ಷ | Taxas Black A. Sleed. Inc | 222 N. Ave F Shiner 17984 | Κ | \vdash | [T) | | $\lceil \rceil$ | 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. | If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. | Exclude: Your personal residence, including second names and vacation homes (unless there was rental neome during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income derived from, a federal retirement program, including the Thrift Sevings Plan. | 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. | 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). | 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 pending the difference of the reportable asset of source of income which generated more than \$200 in "uneamed" income during the year. | Ş | ſ | SCHEDOLE |
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: John Harrington

SCHEDULE C - EARNED INCOME

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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. |
| 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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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. |
| |

| Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15) | | | |
|--|-----------------------------|------------------------|-------------------|
| ABC Trade Association, Baltimore, MD (July 15) | Уре | Current Year to Filing | Preceding Year |
| | Honorarium Salary | \$0 \$20,000 | \$500 \$76,000 |
| Exci I pies. Civil War Roundtable (Oct. 2) Ontario County Board of Education | Spouse Speech Spouse Salary | \$0 N/A | \$1,000 N/A |
| Victoria Counta ISD (Spouse) | Salacu | 21,116,36 | 17,228.75 |
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SCHEDULE D - LIABILITIES

| Name: John Harrington | |
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| Page 5 of 8 | |

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. Wark the highest amount owed during the reporting 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 exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

| \$6 \$0 | 25 S | \$ | | _ | SP. DC, JT | | | • |
|------------|------|-----------------|-------------------------------------|--|--|----|---------------------|---|
| | | Debt | Educa | Example | | | | |
| | | Debt Management | Educational Credit Management 03/02 | First Bank of Wilmington, DE | Creditor | | | |
| | | 01/06 | 03/02 | 5/98 | Date Liability Incurred MO/YR | | | |
| | | Student Loan | Student Loans | Mortgage on Rental Property, Dover, DE | Type of Liability | * | | |
| | | | | | \$10,001- \$15,000 | > | | |
| | | | × | | \$15,001- \$50,000 | æ | | |
| | | × | | | \$50,001- \$100,000 | C | | |
| | | | | × | \$100,001- \$250,000 | 0 | | |
| | | | | | \$250,001- \$500,000 | m | Amount of Liability | |
| | | | i | , | \$500,001- \$1,000,000 | יד | of Li | |
| | | | | | \$1,000,001- \$5,000,000 | G | ability | |
| | | | | | \$5,000,001- \$25,000,000 | Ŧ | | |
| | | | | | \$25,000,001- \$50,000,000 | _ | | |
| | | | | | Over \$50,000,000 | | | |
| • | | 1 | | li | Over \$1,000,000* (Spouse/DC Liability) | ~ | 1 1 | |

SCHEDULE E - POSITIONS

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 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 the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years

| _ | _ | _ | | _ |
|---|-------|----------------------------------|---------------------------|----------------------|
| | | Vice President | President | Position |
| | | Shield Tactical by Outdoor, Inc. | Texas Black Ricle Co. Inc | Name of Organization |

SCHEDU

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 |
| | NA | |
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