

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: MARK L. MARLIS Daytime Telephone: _____

FILER STATUS



New Member of or Candidate for U.S. House of Representatives
State: WISCONSIN District: 6
Candidates - Date of Election: NOV 4 2014



Check if Amendment



New Officer or Employee
Employing Office: _____

Period Covered: January 1, 2013 to MAY 8 2014



OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

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

MAY 27 2014

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LEGISLATIVE RESOURCE CENTER

2014 JUN -4 PM 1:25

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. Make 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. Do you have any reportable agreements or arrangements with an outside entity?

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

REPORTED ON SCHEDULE C

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, transactions, 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.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mark L Thomas

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																								
Assets and/or Income Sources		Value of Asset													Type of Income								Current Year												Preceding Year												
SP, DC, JT	ASSET NAME	None	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	PASCO SPON ADR																																														
	FORD MOTOR CO																																														
	HCP INC COMMON																																														
	ALTERA CORP																																														
	CAPITAL ONE FINL																																														
	PESSUNG GOV ACCT																																														
	CH ROBINSON WOODWIDE																																														
	WISDOM TREE INDIA																																														
	WESTERN UNION																																														
	COOPER COMPANIES																																														
	SANDVI SPONS ADR																																														
	CISCO SYSTEMS																																														
	WIR BEERLEY COOP																																														
	WEIGHT MINTERS																																														
	CPTL ENERGIA																																														
	EATON CORP																																														

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: MARK L HARRIS

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset							BLOCK C Type of Income				BLOCK D Amount of Income						BLOCK E Transaction	
SP, DC, JT	ASSET NAME	None	A	C	E	G	I	K	M	DIVIDENDS	INTEREST	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	IV	VI	VIII	X	XI	P, S, S(part), or E
	<input type="checkbox"/> EXCELIXIS INC			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> AMERICAN EAGLE INC			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> MEXICAN AMERICA			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> BROWN CAP SM CO			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> NEW INTL INDX A			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> NEW INTL POL INST SIC			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> NEW LG CAP SR			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> NEW MORGAN MGT INDX			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> NEW BEL GENESIS 72			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> AMER FUND AMCAP 45																			
	<input type="checkbox"/> DREYFUS																			
	<input type="checkbox"/> VANGUARD INST 10EX			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> JPM MORGAN SKILL CAP CO			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> ASSOCIATED BANK (KIA)			<input checked="" type="checkbox"/>																
	<input type="checkbox"/> URS DEF BEN PENSION			<input checked="" type="checkbox"/>																

SCHEDULE D - LIABILITIES

Name: **MARK L HORRUS**

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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 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 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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	FOMO CREDIT	APRIL 12	AUTO LOAN		X									
	OSHKOSH CENTRAL CREDIT UNION	MAY 13	AUTO LOAN	X										
	CHASE FREEDOM CREDIT UNION	VARIOUS NEWSPUNK	CREDIT CARD	X										
	CHASE STATE CREDIT CARD	VARIOUS NEWSPUNK	CREDIT CARD	X										

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 listed in Schedule C; 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.

Position	Name of Organization
BOARD MEMBER	FOX VALLEY TECHNICAL COLLEGE

MAY 27 2014

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

LEGISLATIVE RESOURCE CENTER

2014 JUN -4 PM 1:27

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.

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6601

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): MARK L. HARRIS

State: WISCONSIN

District: 6th Congressional

Date: 5/27/14

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6601

THRESHOLD
REACHED
MAY 8th
DUE JUNE 7th