



Filing ID #10059545

# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

## FILER INFORMATION

**Name:** Joanna Harbour  
**Status:** Congressional Candidate  
**State/District:** OR03

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2024  
**Filing Date:** 05/1/2024  
**Period Covered:** 01/01/2023– 03/22/2024

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

None disclosed.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
James & Marcella Harbour	caregiver	\$ .00	\$10,000.00
Joanna Harbour LLC	Attorney	\$300.00	\$300.00
Thrive Life	Sales	\$ .00	\$30.82

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Navient	August 2003	Student Loan	\$15,001 - \$50,000
	US Bank	January 2022	Credit Cards	\$15,001 - \$50,000

## SCHEDULE E: POSITIONS

<b>Position</b>	<b>Name of Organization</b>
Owner	Joanna Harbour LLC
Owner	Come Alive DBA

## **SCHEDULE F: AGREEMENTS**

None disclosed.

## **SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

None disclosed.

## **EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**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 benefiting 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?

Yes  No

## **CERTIFICATION AND SIGNATURE**

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Joanna Harbour , 05/1/2024