

**UNITED STATES HOUSE OF REPRESENTATIVES**

**FINANCIAL DISCLOSURE STATEMENT**

For New Members, Candidates, and New Employees

**FORM B**

Name: IRAEY N. HARRIS

Daytime Telephone: \_\_\_\_\_

SEP 12 2020

2020 SEP 17 AM 11:00

LEGISLATIVE RESOURCE CENTER

DEPT OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
CANDIDATE SERVICES ONLY

*[Handwritten signature]*

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>NY</u>	District: <u>23</u>	<input checked="" type="checkbox"/> Check if Amendment
	<input type="checkbox"/> Candidates	Date of Election: <u>Nov. 3, 2020</u>		
	<input type="checkbox"/> New Officer or Employee	Employing Office: _____		
	Staff Filer Type (if Applicable):			
	<input type="checkbox"/> Shared	<input type="checkbox"/> Principal Assistant	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 QUESTIONS**

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**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





