	ATES HOUSE OF REPRESENTA		FORM A Page 1 of 4 For use by Members, officers, and employees	INSIDE MAIL
				HE NY RESOURCE CENTE
	Jaime R. Harrison (Full Name)		202-257-7967 (Oaytime Telephone)	2003 MAY - 2 PM 1: 24 (Office Use Only)
Filer Status	Member of the U.S. State: House of Representatives District:		fficer Or Employing Office:  Office of the Majority Whip	A \$200 penalty shall be assessed against anyone who files
Report Type	Annual (May 15)	☐ Terminati	Termination Date:	more than 30 days
PRELIMINARY	INFORMATION ANSWER EACH C	F THESE Q	UESTIONS	
or more from any so	ouse have "earned" income (e.g., salarise or fees) of \$200 tource in the reporting period?  Ya and attach Schedule I.	s No 🗸	VI. Did you, your spouse, or a dependent child receive any report the reporting period (i.e., aggregating more than \$305 and no exempt)?  If yes, complete and attach Schedule VI.	table gift in totherwise Yes No 🕢
you for a speech, ap	or organization make a donation to charity in lieu of paying appearance, or article in the reporting period?  Yes  and attach Schedule II.	s No 🗸	Old you, your spouse, or a dependent child receive any report reimbursements for travel in the reporting period (worth more from one source)?  If yes, complete and attach Schedule VII.	table travel or e than \$305 Yes V No
more than \$200 in the more than \$1,000 at	ae, or a dependent child receive "unearned" Income of the reporting period or hold any reportable asset worth the end of the period? and attach Schedule III.	s 🗌 No 📝	Old you hold any reportable positions on or before the date of VIII. current calendar year?  If yes, complete and attach Schedule VIII.	filling in the Yes V No
IV. Did you, your spous reportable asset in a period?	se, or dependent child purchase, sell, or exchange any	s No 🔽	Did you have any reportable agreement or arrangement with entity?  If yes, complete and attach Schedule IX.	an outside Yes No
V. (more than \$10,000)	se, or a dependent child have any reportable liability	s 🗸 No 🗌	Each question in this part must be answer schedule attached for each "Yes" respons	
<b>EXCLUSION O</b>	F SPOUSE, DEPENDENT, OR TRUS	T INFORMA	TION - ANSWER EACH OF THESE QU	ESTIONS
Trusts-	Details regarding "Qualified Blind Trusts" approved trusts" need not be disclosed. Have you excluded child?	t by the Committe from this report d	e on Standards of Official Conduct and certain other "exetails of such a trust benefiting you, your spouse, or dep	ceptéd endent Yes No 🐼
Exemptions-	Have you excluded from this report any other asset because they meet all three tests for exemption?	n, "unearned" inc	ome, transactions, or liabilities of a spouse or dependen	t child

## SCHEDULE V - LIABILITIES

Name Jaime R. Harrison

Page 2 of 4

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	American Express- Platinum	Credit Card- Delaware	\$15,001 - \$50,000
	American Express- Platinum/Delta SkyMiles	Credit Card- Delaware	\$10,001 - \$15,000
	Access Group- the Student Loan People	Law School Student Loans- Louisville, KY	\$100,001 - \$250,000
	Congressional Federal Credit Union	Equity Loan	\$15,001 - \$50,000

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jaime R. Harrison

Page 3 of 4

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure Destination-Point of Return		Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Tuskon US	Mar. 22-29	DC-Istanbul, Turkey- Gaziantep, Turkey, Ankara, Turkey	Y	Y	N	None

## SCHEDULE VIII - POSITIONS

Name Jaime R. Harrison

Page 4 of 4

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization	
Board of Directors- Member	College Summit, Inc.	
Board of Directors- Treasurer	Pavilion on the Park Condominiums	