

<b>UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT</b>		<b>FORM B</b> For use by candidates and new employees	
Period Covered: January 1, <u>2005 - April 15, 2006</u>			
Harry E. Mitchell (Full Name)			
1222 E. Verlea (Mailing Address)			
Tempe, AZ 85282-2537		Daytime Telephone: 480-966-0074	
Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>AZ</u> District: <u>5</u>	Date of Election: <u>Sept. 12, 2006</u>
	<input type="checkbox"/> New officer or employee	Employing Office: _____	
			Check if Amendment <input type="checkbox"/>

MAY 9 2006  
 LEGISLATIVE RESOURCE CENTER  
 2006 MAY 17 PM 12:09  
 OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES  
 (Office Use Only)

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

In all sections, please type or print clearly in black ink.

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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 a dependent child? (See Instructions, pages 10-11.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

**CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).		
Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	<i>Harry E. Mitchell</i>	5/8/06



**SCHEDULE II — ASSETS AND "UNEARNED" INCOME**

BLOCK A Asset and/or Income Source  Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during either the current or preceding year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		BLOCK B Value of Asset  at close of reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											BLOCK C Type of Income	BLOCK D Amount of Income  For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.																												
														Current Year						Preceding Year																						
			A	B	C	D	E	F	G	H	I	J	K		None	II	III	IV	V	VI	VII	VIII	IX	X	XI	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI					
SP, Mega Corp. Stock					X																																					
DC, Examples: Simon & Schuster				Indefinite																																						
JT, 1st Bank of Paducah, KY accounts					X																																					
Tempe Schools Credit Union			X																																							
Federated High Income Bond Fund - C		X																																								
Federated Market Opportunity Fund - C			X																																							
Federated Strategic Value Fund - C			X																																							
Rydex US Govt Money Market - C			X																																							
Rydex Nova - Fund - C	X																																									

For additional assets and unearned income, use next page.



**SCHEDULE III — LIABILITIES**

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 reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); 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** only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B \$10,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000	
	<i>Example:</i> First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				X							

**SCHEDULE IV — POSITIONS**

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other 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
Member	Compadre High School Advisory Board
Member	Tempel Kyrene Communities in Schools Board
Member	Jobs for Arizona Graduates Board
Vice President	Tempe Sister City Board of Directors
Member	Childsplay Board of Trustees

Use additional sheets if more space is required.

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Position	Name of Organization
Operational Board of Directors	Rio Salado Town Lake Foundation
State Committee Member	Arizona State Democratic Party
LLC Member	MCC Property Investments, LLC

Use additional sheets if more space is required.