

General Information

Name: Hon Rita Harris

PID 300332

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Representative	Florida House of Representatives	State Representative Florida House District 44

Net WorthMy Net Worth as of May 5, 2026 was \$ 42,259.69.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effect is \$ 18,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Bank Accounts (Truist Bank)	\$ 19,683.85
Stock Symbol ITOT	\$ 1,792.68
Stock Symbol SPYM	\$ 5,384.25
Stock Symbol VEA	\$ 1,849.24
Stock Symbol VWO	\$ 1,005.53
Cash (E-Trade Account)	\$ 1,075.00
Florida Retirement System	\$ 16,798.00
Cash (Roth IRA)	\$ 2,096.02
Stock Symbol VTEB	\$ 4,165.03
Cash (IRA)	\$ 1,000.75
Cash (Joint Invest Acct)	\$ 1,574.59
Stock Symbol SPYM	\$ 7,176.94
Stock Symbol ITOT	\$ 1,849.24
Stock Symbol BEA	\$ 1,005.63
Stock Symbol VTEB	\$ 4,165.03

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
U.S. Department of Education	Post Office Box 5609. Greenville TX 75403-5609	\$ 25,184.28

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida	200 East Gaines Street, Tallahassee, FL 32399-0366	\$ 29,697.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☐ I certify that I have completed the required training under Section 112.3142, F.S.
- ☒ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **Mark Herron** prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Mark Herron

Digitally signed: 05/31/2026

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Rita Harris

Digitally signed: **05/31/2026**

Filed with COE: 05/31/2026