

| FINANCIA | UNITED STATES HOUSE OF REPRESENTATIVES | | FORM B For New Members, Candidates, and New Employees | Page 1 of |
|---|---|--|---|--|
| Name: | Janes Hagedorn | _ Daytime Telephone: | ne: 225 - 2472 | 2019 JUN 10 AM 11: 54 |
| FLER | New Member of or Candidate for State: M U.S. House of Representatives District: Candidates – Date of Election: | Microeleta D | Check if Amendment | (Office Use Only) |
| STATUS | New Officer or Employee State Employing Office: Sha | Staff Filer Type (If Applicable): Shared Principal Assistant | Period Covered: January 1 | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMIN | PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE | OF THESE QUESTIONS | SNS | |
| A. Did you, yo a. Own any end of th b. Receive asset du | A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period? | Yes No E. (| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | ng the reporting Yes No X |
| C. Did you or you honoraria, or pen reporting period? | r spouse have "earned" income (e.g., salaries, sion/IRA distributions) of \$200 or more during the | Yes No No F. I | 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? | arrangement with an Yes No No |
| D. Did you, yo liability (more | D. Did you, your spouse, or your dependent child have any reportable y liability (more than \$10,000) at any point during the reporting period? | No J. C | J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years? | n \$5,000 from a Yes No No |
| ! | ATTACH THE CORRESPONDING SCHEDULE IF YOU AITHIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE R | ATTACH THE CORRESPONDING SCHEDULE IF YOU AI | | NSWER "YES" EQUIRED TO COMPLETE |
| EXCLUSIO | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOT</u> | ST INFORMATION - | | H OF THESE QUESTIONS |
| TRUSTS - De from this repo | TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child? | ttee on Ethics and certain other ndent child? | not be disclosed. | Have you excluded Yes 🔲 No 🛛 |
| EXEMPTION exemption? | EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | ed" income, or liabilities of a sponmittee on Ethics. | | because they meet all three tests for Yes X No |

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

| | | | 7,2,4 | | |
|---------------|---|--|--|--|---------------------------------------|
| | | | | | As |
| | | Exact Juigaces Corp. | D/Southend DRA | | BLOCK A Assets and/or Income Sources |
| | 1 | | ۱ څا | | uro |
| | | | 9 | | 2 |
| | | | <u> </u> | None > | |
| | | | | \$1-\$1,000 | |
| | | | | \$1,001-\$15,000 | |
| | | | | \$15,001-\$50,000 | |
| | | | | | < |
| | | | | \$50,001-\$100,000 m | <u> 울</u> |
| | | | | \$100,001-\$250,000 TI \$250,001-\$500,000 P | BLOCK B |
| | + | + | | \$250,001-\$500,000 © \$500,001-\$1,000,000 ± | BLOCK B Value of Asset |
| | + | | · | \$1,000,001-\$5,000,000 - | s et |
| | | | | \$5,000,001-\$25,000,000 <u></u> | · |
| | | | | \$25,000,001-\$50,000,000 | |
| | | | | Over \$50,000,000 | |
| | | | | Spouse/DC Asset over \$1,000,000* | |
| | | | | NONE | · · · · · · · · · · · · · · · · · · · |
| | | | | DIVIDENDS | |
| | | | | RENT | |
| | | | | INTEREST | y T |
| | | | - - | CAPITAL GAINS | 9 E |
| | | | | EXCEPTED/BLIND TRUST | BLOCK C |
| | | | / | TAX-DEFERRED | BLOCK C |
| | | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | |
| | | | | | |
| | | | | None — | |
| | | | | \$1-\$200 = \$201-\$1,000 = | |
| | | | ++ | \$1,001-\$2,500 < | |
| | | + | | | |
| | | | | \$5,001-\$15,000 ≤ 5 | |
| | | | | \$2,501-\$5,000 < Current Y = 15,001-\$15,000 | |
| | | | | \$50,001-\$100,000 | |
| | | | | \$100,001-\$1,000,000 😾 | |
| | | | | \$1,000,001-\$5,000,000 × | |
| | | | | Over \$5,000,000 ≚ | BLOCK D Amount of Income |
| | | | | Spouse/DC Income over \$1,000,000° ≚ | BLOCK D |
| | | | _ | None | |
| | | | | \$1-\$200 = | 60 1 |
| | | | | \$201.\$1,000 == \$1,001.\$2,500 < | ō |
| | | | _ | \$1,001-\$2,500 < 7 \$2,501-\$5,000 < 7 | |
| | | | | | |
| | | | <u> </u> | \$5,001-\$15,000 ≤ 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | <u> </u> |
| | | | | \$50,001-\$100,000 \(\geq\) | |
| | | | | \$100,001-\$1,000,000 | |
| | | | | \$1,000,001-\$5,000,000 × | |
| | | | | Over \$5,000,000 ≚ | |
| | - | | | Spouse/DC Income over \$1,000,000* | |
| | | | | Annual Control of the | |

| | | • |
|---|--------|---|
| - | | |
| | Name: | |
| | Pageof | |

SC

| 7 |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. | SCHEDULE C - EARNED INCOME |
|--|----------------------------|
| loyment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer armed income exceeding \$1,000. See examples below. | Name: Page of |

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| income Limit's au outside earned inco | INCOME LIMIT'S and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. | and prohibitions on types of incomwas \$28,050. The 2019 limit is \$: for Members and senior staff. | e may apply to you after you are on 8,440. In addition, certain types of i | n House payroll. The 2018 limit on income (notably honoraria, director's |
|---------------------------------------|--|---|---|--|
| | | - | Am | Amount |
| v. | Source (include date of receipt for honoraria) | Туре | Current Year to Filing | Preceding Year |
| | ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$6 | \$500 |
| Examples: | State of Maryland | Salary | \$20,000 | \$76,000 |
| Examples. | CMI War Roundtable (Oct. 2) | Spouse Speech | SO SO | \$1,000 N/A |
| | Ontario County Board of Education | Spouse Salary | 3 | |
| | | | 50 50 50 50 50 50 50 50 50 50 50 50 50 5 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE D - LIABILITIES

| Name: | |
|-------|--|
| | |
| | |
| Pageo | |
| of | |

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

| 3,500 | 21.4.7 | Example | SP. | | | exceeded \$10,000. |
|-------------------------------|---------------|--|--|----------|---------------------|--|
| ingressions fed. Credit hairs | not. | First Bank of Wilmington, DE | Creditor | | | ICO. "Column K is for liabilities held solely by your spouse or dependent child. |
| 61/19 | رائي بالمهارا | 5/16 | Date Liability Incurred MO/YR | | | olety by your spou |
| 1840 | 1-1 41 PN 13 | Mortgage on Rental Property, Dover, DE | Type of Liability | | | ise or dependent child. |
| | X | | \$10,001- \$15,000 | > | | |
| X | | | \$15,001- \$50,000 | ш | | |
| | | | \$50,001- \$100,000 | 0 | | |
| | | × | \$100,001- \$250,000 | 0 | | |
| | | | \$250,001- \$500,000 | m | Amount of Liability | |
| | | | \$500,001- \$1,000,000 | 71 | tof∐ | |
| | | | \$1,000,001- \$5,000,000 | စ | ability | |
| | | | \$5,000,001- \$25,000,000 | I | | ļ |
| | | | \$25,000,001- \$50,000,000 | | | |
| | | • | i | _ | 1 | |
| | | | Over \$50,000,000 | <u>.</u> | | |

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

| Position | Position Name of Organization |
|--|-------------------------------|
| | |
| The state of the s | |
| Laborate Lab | |
| | |
| | |
| | |

SCHEDULE F - AGREEMENTS

| Name: | |
|---------|--|
| | |
| | |
| | |
| L F | |
| Pageof_ | |
| <u></u> | |
| Ĺ | |

| | Date | Identify the da continuation cemployer. |
|--|----------------------|---|
| Total Control | Parties to Agreement | Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a l continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer. |
| The second secon | Terms of Agreement | Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. |

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| government and any midminatura commonment as a result of a printing on commonment consumer by two. See the expension | a presingly a constraint and grammer of some are |
|--|--|
| Source (Name and City/State) | Brief Description of Duties |
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

FILER NOTES (Optional)

Page_ | 으

| | | | | | | | | | NOTE |
|---|--|-----|---|--|--|--|---|--|-------|
| | | | | | | | ; | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Ē | | | : | | | | | | = |
| | | | | | | | | | NOTES |
| | | | | | | | | | |
| | | | | | | | | | |
| | | *** | | | | | | | |
| | | | | | | | | | |

Use additional sheets if more space is required.