UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	JUN US ZUII Page 1 of 9
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEGISLATIVE FERROLING BEHR
,		2017 JUN -9 AM 9:21
Name: Christina M. HACHN	Daytime Telephone	
New Member of or Candidate for State: OH1O U.S. House of Representatives District: 16		(USUNDODE UP REPRESENTATIVE.
1	18 Amendment	
STATUS New Officer or Employee Staff Fil Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF	THESE QUESTIONS	
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 unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of	ortable positions during the reporting calendar year up through the date of filing?
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?	No 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, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	r years?
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO		TH 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?	on Ethics and certain other "excepted trusts" need not be disclosed.	Have you excluded 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.	income, or liabilities of a spouse or dependent child because they meittee on Ethics.	et all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Christina M. HAGAN

Page

ب

61

	\exists		<u> </u>	<u> </u>			<u> </u>	all interest-in all interest-in \$5,000, list, \$5,000, list, \$5,000, list, \$5,000, list, \$5,000, list, \$5,000, list, \$6,000 and \$1,000 and \$1,00	For bank a	For all # 401(k) pla	Provide o	Identify (a) production o exceeding \$: and (b) any o which gener	Ass	:
			Public Employed R5-	are savings		Examples: Simon & Schuster	Mega Corp Stock	all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	nd other cash accounts, total the amount in	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'unearned' income during the year.	Assets and/or Income Sources	BLOCK A
Ī						Ī		None	>					
					<u> </u>			\$1-\$1,000	œ		*Column M is for assets held by yo child in which you have no interest.	Indicate value of asset at use a valuation method c specify the method used if an asset was sold d included only because it to be "None."		
				×		indefinite		\$1,001-\$15,000	ဂ	1	hich Sis	ralue uatio		
			×			彦		\$15,001-\$50-000	0	ł	for a	of as n me ithod was s		ł
	_						×	\$50,001-\$100,000	m	4	sset	thod use iold	<u>Va</u>	
						1	ļ	\$100,001-\$250,000	71	_		at do othe durin	e	腔
					×.			\$250,001-\$500,000	G		d by	se of r tha rg th erate	웃	вгоск в
									I	_	*Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	₩
								\$1,000,001-\$5,000,000	-		ge	r mai	æ	
								\$5,000,001-\$25,000,000	_		rise o	ng p		
								\$25,000,001-\$50,000,000	~	_	효	peric Value erioc		
								Over \$50,000,000	_		pend	d. If		
								Spouse/DC Asset over \$1,000,000*	Z					
								NONE			d Nor	in the 40.1		
							×	DIVIDENDS			for assets held in taxable "None" if the asset gene during the reporting period.	Check all columns that generate tax-de that generate tax-de 401(k), IRA, or 529 at the "Tax-Deferred" interest, and capelinvested, must be		
								RENT			e rep	Def o	J	
				X				INTEREST			orting	mns tax- 529 errec	Type of Income	
	\dashv	T		•		İ		CAPITAL GAINS		1	g per	that defer acco	읔	BLOCK C
	+						ļ	EXCEPTED/BLIND TRUST		1	iod.	nat apply ferred in ccounts), column, pital ga e disclos	ᅙ	ñ
	-		×			├-		TAX-DEFERRED		1	ated	incor incor your pains	ğ	
					Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			for assets field in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 40f(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income	•	
	+	1	×		경증	c)		None -	_	┿-				-
_	\dashv			×	ļ	 	×	\$1-\$200	1			For assets for assets indice assets indice capital gain Check "None Check "None Check "None Check "None XII		
-	-+	-					<u> </u>	\$201-\$1,000 =	1			Sets		
-	-+	$\overline{}$				╁		\$1,001-\$2,500	1			List		
-	\dashv	-				×		\$2,501-\$5,000	4 .			hich the noi		
	+				×	Ê	<u> </u>	\$5,001-\$15,000 \leq	15			you cate cate ncon		1
	+	-			<u> </u>	_	-	\$15,001-\$50,000 \(\leq\)	۱ä			chec		
	+					<u> </u>		\$50,001-\$100,000 ≦	Current Year		:	Aked Section		
	+					<u> </u>		\$100,001-\$1,000,000				our me max		1
	+					\vdash			1		•	Bool de by	>	- 1
_	\dashv	-	_		-	\vdash		\$1,000,001-\$5,000,000 × Over \$5,000,000 ×	-			errec che jener	Amount of Income	
	\dashv	-			 	+-			4			den rate	Ž	ρ]
	+		又					Spouse/DC Income over \$1,000,000*	╀	1		Block the the	<u>Q</u>	BLOCK D
_	+	-		X		\vdash			1			ent o	n _C	Ö
_	+	-		<u> </u>		├-			1	1		incon r	Š	
	+	-				┼-	×	\$201-\$1,000 == \$1,001-\$2,500 <	4			may: late:	Φ	
	+	-				\vdash	 		13	1		or at		
	- 1	-			_	×			40		•	k the		
	_				L	^	ļ		┨┋	1		nave street		1
	1					1		\$15,001-\$50,000 <u>≦</u>	BIÓ.					
	1				×				[⋜	ľ		n a ₹ n .		
					×			\$50,001-\$100,000	<u>]</u> g			ne" colur Nividendi Id in tab		
					*			\$50,001-\$100,000 ≦ \$100,001-\$1,000,000 R	<u>]</u> g			or which you checked "Tax-Deferred" in Block C, you may check the "None" column. I alle the category of income by checking the appropriate box below. Dividents, in its, even if reinvested, must be disclosed as income for assets held in taxable if no income was earned or generated.		
					-			\$50,001-\$100,000	Year			ne" column. For a lividends, intere lid in taxable acu		
					-			\$50,001-\$100,000 ≦ \$100,001-\$1,000,000 R	Year			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.		

SCHEDULE C - EARNED INCOME

Name: Chelstinh M. HAGAN

ge
5
١
<u>,</u> -
_
77
I

Pa

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.

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

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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.

				HAGIAN HEATING & PINMOING	O.S. RESTAURANT SERVICES, LLC	STATE OF DHIO	Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	ABC Trade Association, Baltimore, MD (July 15)	Source (include date of federal for hollolatia)	Course (include date of receipt for becoming)
				SPOUSE SINGRA	SHURRY	REPRESENTATIVE S ALARY	Spouse Speech Spouse Salary	Honorarium	Type	Tuna
				52,372. 53	1.37	₩3,007. <i>wo</i>	\$0 \$0 N/A	\$0	Current Year to Filing	
				31,923	13, 679	<i>\</i> 02,84\\	\$1,000 \$1,000 N/A	\$500	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name: CHRISTINA M. HAGMN

Page 4 of 5

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.

Г		80	SP	SP		DC. JT		
_			7	-	E			
FARM CREDIT JERVICE 9/09	NAVIENT	CHEERT LAKES LOAN	GREAT LAKES LOAN	ENERT LAKES LOAN	Example			
3	ENT	A	4	41 1	_			
LED	'	S S	ושא	MK	First Bank of Wilmington, DE	Creditor		
7 6		ES	S	3	of Wilming	Õ		
BW.		LOAI	OBZ	2	ton, DE			
CF		2						
2/10	9/07	10/10	90/08	9/09	5/98	Date Liability Incurred MO/YR		
72	2	ō	Š	ě		고 e 중 ** 	<u></u>	
	5	Ò	3	37	Mortg			
STUDENT LOAN	SHIDENT LOAN	Student LOHN	Stupent long	STUDENT LOAN	Mortgage on Rental Property, Dover, DE	Туре		
)EZ	TINE	7	7	T L	ental Prope	Type of Liability		
5	S	Z 0	5	3	irty, Dover	bility		
	Ž	2			문			
	×	X	×			\$10,001- \$15,000	>	
X				×		\$15,001- \$50,000	500	
						\$50,001- \$100,000	n	
					×	\$100,001- \$250,000	D	
						\$250,001- \$500,000	m	moun
				-		\$500,001- \$1,000,000	η	t of Li
						\$1,000,001- \$5,000,000	<u>ဂ</u>	Amount of Liability
						\$5,000,001- \$25,000,000	±	
						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000		
						Over \$1,000,000* (Spouse/DC Liability)	_	1

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

		-	_	_
			Position	period and the current carendar year. I maryear candidates
			Name of Organization	period and the current party and in the standard and the surphyses report positions from the current carefular year and two provides years.

SCHEDULE F - AGREEMENTS

Page_

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 services 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 Name: CHEISTINA VM. HACKEN

employer.		
Date	Parties to Agreement	Terms of Agreement
12/16	DETICEMENT THEMSOLDS	TOTAL SERVICE CREDITS 5.888

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.

•	
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services