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UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and	FORM B Candidates, and New Employees	UEC n 9 2015 age 1 of 1
Name: CHRISTOPHER WESLEY HARDIN Daytime Telephone:	ne:	2015 DEC 16 ATT1: 08
New Member of or Candidate for State: Next H CARALINA  U.S. House of Representatives District: Ole  Candidates – Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered; January 1, 2014 to 12/4/2015	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	ONS	
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. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes Mo No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No a reporting period?	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No Jability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARI	EDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" D COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	- ANSWER <u>BOTH</u> OF THES	OTH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne this report details of such a trust that benefits you, your spouse, or your dependent child?	"excepted trusts" need not be disclosed. H	ed not be disclosed. Have you excluded from Yes . No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	silities of a spouse or dependent child becau	dependent child because they meet all three Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: CHRISTOPHEN WESLEY HANDIN Page 100

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: CAPUS TOP HEAD WESLEY HARDOW Page 5 of

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: CHEISTOPHER WISCEY HONDIN PAGE IS ST.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

### **SCHEDULE C - EARNED INCOME**

Name: CHRISTOPIKER WSLLY HARDEN Page Tof 9

nd filer's spouse	st the source, t	
nd filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,00	ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. governments	
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000. See examples below	ig \$200 or more	
•	during the rep	
	orting period.	
	ent) totaling \$200 or more during the reporting period. For both the filer	

**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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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.

					ALAMANTE Commonity Political	CORAHAM POLICE DEPARTMENT	VALIDUS PHARMACENTICALS	EXAMPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	ABC Trade Association, Baltimore, MD (July 15) State of Manufand	Source (include date of receipt for honoraria)	
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					339.20	1,777.12	119,277,92	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

Name: CHRISTOPHER WESKY HAMAN Page 8 of 9

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 exceeded \$10,000. 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 \*Column K is for liabilities held solely by your spouse or dependent child.

(					DC, JT	·	
				Example			
				First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
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#### SCHEDULE E - POSITIONS

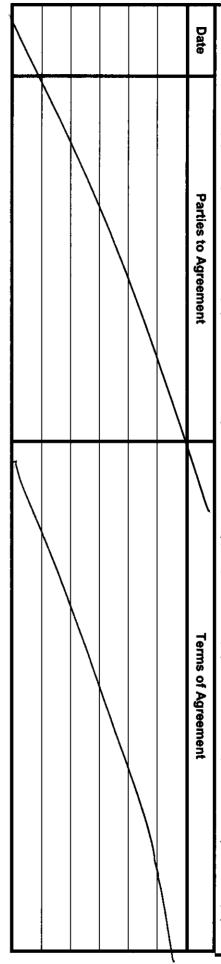
entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. 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 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

	AM-TIME INSTRUCTOR	PUSEMES/BLACE OFFICER	SPECIALTY PHARMACENICAL RI	Position	
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#### **SCHEDULE F - AGREEMENTS**

Name: CHA (5 TOP IKA WESLEY HARDAN 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 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.

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