UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For Nev	FORM B For New Members, Candidates, and New Employees	101 - 2 2018. Page 1 of 5
Name: Chaisting M. HAGAN Daytim	Daytime Telephone	18 NOV-9 PH 2: LO
New Member of or Candidate for State: OH1O U.S. House of Representatives District: 16 Candidates – Date of Election: May, 2016	Check if Amendment	U.S. HELLE OF OFFICE ON THESE OFFICE OF THE STATE OF THE
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office:Shared Principal Assistan	pe (If Applicable): Period Covered: January 1,	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	E 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 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?	ng the reporting sugh 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 Yes No 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?	r arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (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?	or years?
ATTACH THE CORRESPONDING SCHEDULE IF YO	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 <u>BOTH</u> OF THESE QUESTIONS	MATION - ANSWER BOTH OF THES	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	and certain other "excepted trusts" need not be disclosed. Have you excluded	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.	Habilities of a spouse or dependent child because they mics.	eet all three tests for Yes No W

•

-

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 2 of 5

Name: Christina M. HAGAN

	Τ					78.8	For that the transfer of transfer	the :	g g	processors and while inco		
į		Public C	CHARGE (_	Examples: Si	2	For bank and other cash accounts, tot all interest-bearing accounts. If the \$5,000, list every financial institution more than \$1,000 in interest-bearing accounts in the \$5,000, list every financial institution more than \$1,000 in interest or determined and other real property head provide a complete address or determined and other real property, and a city and state. For an ownership interest in a privately that is not publicly traded, state the business, the nature of its acht business, the nature of its acht business, the nature of its acht geographic location in Block A. Exclude: Your personal residence, in fromes and vacation homes (unless the fromes and vacation homes (unless the fromes and privately-traded fund that interest in, or income derived fit retilement program, including the Truth fryou have a privately-traded fund that investment Fund, please check the "If you so choose, you may indicate the fit of you so choose, you may indicate the fit you so choose is that of your sy dependent child (DC), or jointly held with the optional column on the far left.	(k) plans) provide account that exce	(do not use only ticker symbols). For all IRAs and other retirem	identify (a) each ass production of income a succeeding \$1,000 at the and (b) any other report which generated mon income during the year.	Assets and/	
	-	SACTOR ROLL OF THE PARTY OF THE	AVIN GS	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	For bank and other cash accounts, total the amount in 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 ental 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 Trutt Sawings 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 booldet.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	do not use only ticker symbols). For all IRAs and other retirement plans (such as total black) and other retirement plans (such as total black).	identify (a) each asset held for investment or production of income and with a fair market value succeding \$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. Provide complete names of stocks and mutual funds	Assets and/or Income Sources	
				×		4	ment, e.g., here's its set or the set or (JT)) or (JT)) or (JT)		2.8% F.⊋-	nt or value eriod, come med come	•	
	Ľ						None >		chilo			
		<u> </u>			_		\$1-\$1,000 œ		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."		
\perp	<u> </u>		×	<u> </u>	Indefinite	ļ	\$1,001-\$15,000 C		可	alue unatione mai		
	ļ	×		<u> </u>	a	<u> </u>	\$15,001-\$50-000		<u>د</u> 5	of ass thod as so ecau		
	 		-		-	×	\$50,001-\$100,000 m \$100,001-\$250,000		ave n	seits	Value of Asset	
-	 			×	\vdash	1	\$250,001-\$500,000 o		o E	close ther tener tener	9	
	+			 	┢		\$500,001-\$1,000,000 ±		est.	than the atedia	À	
	 			-	+		\$1,000,001-\$5,000,000 —			he rep fair m fair m fair m fair m	Set	
1	\vdash	\vdash		t^-		ļ · · · ·	\$5,000,001-\$25,000,000	_		ne, et le	•••	
	†			†			\$25,000,001-\$50,000,000			g per tvali perio e val		
	1					<u> </u>	Over \$50,000,000	-		heper bid a pl		
							Spouse/DC Asset over \$1,000,000°			fyou ease hould tease		
							NONE		d dri			
					T	×	DIVIDENDS		3	Check all that gene 401(k), IR the "Tax: interest, reinveste for assets "None" if		
					Τ		RENT	1	9	enate	J	
	 		X	T	t		INTEREST	7	during the reporting period.	Check all columns that apply. For as that generate tax-deferred income (s 401(k), IRA, or 529 accounts), you may the "Tax-Deferred" column. Dry interest, and capital gains, or revirvested, must be discheded as it for assets held in taxable accounts. Those if the asset generated to	Type of Income	
+		ļ	Ţ		-		CAPITAL GAINS	_[Per De	taxal	윽	
	 		-	<u> </u>	<u> </u>		EXCEPTED/BLIND TRUST	_	8	appl red i vunts v	Σ	
	1-	×	 	 	T	<u> </u>	TAX-DEFERRED	-1		bly. For income income s), you men. Di galns, galns, cosed as account arted income income account rated income.	Ĭ	
				Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			counts uch as uch as check dends, yen if ncome		
_	 -	×	-		上	ļ	None	ı		For a asset capit Chec		
-	 		$\hat{}$	ļ. —	\vdash	.×	\$1.5200			ssets * "No		
-	-	_			-		\$201.\$1,000 = \$1,001.\$2,500 <	- [iforv licate one" i		
	┼				×	-		၀		the track		
_	 		1	×	f	•	\$5,001-\$15,000 ≤	Current Year		you. Categ		
+	 -						\$15,001-\$50,000 <u>≤</u>	Ĭ.		chec lory of held		
	1-			_	T	i	\$50,001-\$100,000 ≦	ž l		ked *		
	 	•	·		1		\$100,001-\$1,000,000 😾	7		Tax-l come med		
	1				ļ —		\$1,000,001-\$5,000,000 ×	-		by corgan	≩	
							Over \$5,000,000 ×	ł		heck dis	Amount of Income	
							Spouse/DC Income over \$1,000,000* ≚			in Bk close ted.	ž	
		×					None —	7		nden en	<u> </u>	
	ļ		メ		L		\$1-\$200 =			pprop inc	Š	
	<u> </u>					×	\$201-\$1,000 ==	- 1		ma) yriata ormo	Ħ	
	1	_			<u> </u>		\$1,001-\$2,500 <	1 5		tor which		
	┿	1			_		\$2,501-\$5,000	8		ck th belo asser		
		_			×	l	\$5,001-\$15,000	<u>ĕ</u>		have the table		
			<u> </u>	<u> </u>	╁			-		m =		
				×	L		\$15,001-\$50,000 ≦ o	21		one" Divid ekd ly		
				×			\$15,001-\$100,000 \(\sum_{\text{s}}\)	g Year		one" colur Dividendi eld in tax		
				*			\$100,001\$1,000,000 ×	Preceding Year		ssets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. F s indicate the category of income by checking the appropriate box below. Dividents, intelligatins, even if reinvested, must be disclosed as income for assets held in taxable k "None" if no income was earned or generated. In no income was earned or generated.		
				*			\$15,001-\$50,000 \$\leq	g 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: Cheistink M. HAGAN

Page	
9	
Ġ	

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.

				UNIQUINITY INCLESSION DINCH	LACION VENTIALE FORMAGINA		State of Ohio	Ontario County Board of Education	Examples: State of Maryland	ABC Trade Association, Baltimore, MD (July 15)	Source (ilicitate date of leceipt for (fortoraria)	Company of the charles of the charle
				PHOHE ACHORE	CRIP CINICAL	,	Representative S al Mry	Spouse Salary	Salary	Honorarium	ıype	T
				26.316.00	27 277 = 3		<i>oo</i> .Loo 'Ça	N/A	\$20,000	\$0	Current Year to Filing	
				31,123	21 972	(, ' 	W2,84W	W/A	\$76,000	\$500	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name: CHRISTINA M. HAGMN

Page 4 of 5

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 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 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 *Column K is for liabilities held solely by your spouse or dependent child.

		89	SP	SP	Γ	. sp. Dc. Jт		
FIAG	23	TZ.	Ce	PAG	Example		-	
FARM CREDIT JERVICE 9/09	NAVIENT	CHEERT LAKES LOAN	GEAT LAKES LOAN	CHEAT LAKES LOAN	First Bank of Wilmington, DE	Creditor		
9/09	9/07	10/10	90108	9/09	5/98	Liability Incurred MO/YR	}	
STUDENT LOAN	SHIDENT LOAN	Student Lown	Stupent land	STUDENT LOAN	Mortgage on Rental Property, Dover, DE	Type of Liability		
	×	×	×			\$10,001- \$15,000	>	
X				×		\$15,001- \$50,000	œ	
						\$50,001- \$100,000	c	
					×	\$100,001- \$250,000	0	
						\$250,001- \$500,000	m	Amount of Liability
	j					\$500,001- \$1,000,000	п	t of Li
						\$1,000,001- \$5,000,000	6	ability
						\$5,000,001- \$25,000,000	I]
						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000		
						Over \$1,000,000* (Spouse/DC Liability)	*	

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, fratemal, 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
		Name of Organization

SCHEDULE F - AGREEMENTS

Name: CHEISTINA M. HACHN Page <u>Q</u>

employer. 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

Date	Parties to Agreement	Terms of Agreement
12/19	12/19 DHIO PUBLIC EMPISYED	TOTAL ACCOUNT VALUE WILLIAMS 1.75
- P		

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.

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