UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: William Beagle	Daytime Telephone:	2016 FEB -8 AM 9: 43
New Member of or Candidate for State: OH X U.S. House of Representatives District: 9 Candidates – Date of Election: MAACH IS	Check if Amendment	U.S. HOUSE &F REPRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, _2014 - Dec 31, 2015 to	A \$200 penatty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	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. Make more than \$200 in unearned 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 X No
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?	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 X
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?	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 X No S?
ATTACH THE COR	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	T INFORMATION - ANSWER BOTH OF THES	TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or your dependent child?	s and certain other "excepted trusts" need	not be disclosed. Have you excluded from Yes No X
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, 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, transactions, or liabilities of a spouse or dependent child because ${\sf Committee}$ on ${\sf Ethics}$.	use they meet all three Yes No X

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				Chase Bank Accounts	ABC Hedge Fund X	Examples: Simon & Schueler	Mege Corp Stock	4	For bank and other cash accounts, total the amount in all interest-basing 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 reel property hald for investment, provide a complete address or description, e.g., "ential property," and a city and state, the name of the property," and a city and state the name of the geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial 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-braded fund that its 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 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.	Identify (a) each asset held for investment or production of income and with a fair market value accessing \$1,000 at the end of the reporting period, and of the reporting period of the reporting the reporting the reporting the state of scarce of income which generated more than \$200 in unearmed income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Assets and/or income Sources	BLOCK A
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Spouse/DC Income over \$1,000,000*

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1 1	· •				\Box							1			\$1,000,001-\$5,000,000 ×	I	
1					\Box	<u> </u>	Ι.	Ι.	\Box			1			Over \$5,000,000 ≥s		
1 1		<u> </u>		 		 		<u> </u>	†			†			Spouse/DC Income over \$1,000,000*	I	
																_	

Name: William Beagle

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SCHEDULE C - EARNED INCOME

Name: William Beagle

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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroli. 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.

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

		Am	Amount
Source (include date of receipt for honoraria)	Туре	3	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Cod. 2)	Salary Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Oritano County board of Education	Spouse Salary	N/A	N/A
State of Ohio	Salary	\$65,383	\$67,133
DARE Electronics Inc	Spouse Salary	NA	NA
DARE Electronics Inc	Board Fees	\$6,000	\$6,000
MRL Services	Spouse Income	NA	NA
The Hampton Group, LLC	Mgt Fees	\$15,000	\$0
Miami Investments	Spouse Income	NA	NA

SCHEDULE D - LIABILITIES

Name: William Beagle Page ★12 of / Y

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.

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				Monr	Example			
				Monroe Federal Savings	First Bank of Wilmington, DE	Creditor		
				4/13	5/98	Date Liability Incurred MO/YR		
			Wist, Wist Duplex, Todd, Dogwood	Mortgage on rental properties	Mortgage on Rental Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000		
						Ψ10,000	>	
						\$15,001- \$50,000	» 	
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				х	×	\$15,001- \$50,000 \$50,001- \$100,000	n	Amoun
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				x	×	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$1,000,001- \$5,000,000 \$5,000,001- \$5,000,001- \$25,000,001- \$25,000,001-	C D	Amount of 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, 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

Position	Name of Organization
Member	The Hampton Group LLC
Member	The Beagle Investment Group LLC
State Senator	State of Ohio
Board of Advisors - resigned 2015	DARE Electronics, Inc
Member	Fifth Capital LLC

SCHEDULE D - LIABILITIES

Name: William Beagle Page 11/2 Jof 14

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. 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

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			Example	-	·····	,
			First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,008	ъ	
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			×	\$100,001- \$250,000	0	_
	,			\$250,001- \$500,000	т	Amount of Liability
				\$500,001- \$1,000,000	ŦI	it of Li
	. "			\$1,000,001- \$5,000,000	G	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 offiner 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

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Chair	The Ohio Commission on Fatherhood
Chair	The Ohio Retirement Study Council
Member	Ohio Third Frontier Advisory Board

SCHEDU	SCHEDULE F - AGREEMENTS	Name: William Beagle	Page 1 4 10 of 14
Identify the dat continuation of	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.	with respect to: future employment; a leave of absence during the period of government service; nment; or continuing participation in an employee welfare or benefit plan maintained by a former or	of government service; aintained by a former employ
Date	Parties to Agreement	Terms of Agreement	
	N/A		

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 illusted on Schedule C.

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