UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and	FORM B Candidates, and New Employees	Page 1 of 9
Name: Matthew W. Haggman	Dāytīme Telephone:		2017 DEC -1 AM II: 23
New Member of or Candidate for State: Florida U.S. House of Representatives District: 27th U.S. House of Election: August 28, 2018	da 18 (Primary)	Check if Amendment	Office Use Only) 29 2017
New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1, 2016 to October 31, 2017	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	F THESE QUESTIONS	IONS	
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?	X No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ough the date of filing? 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?	X 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?	in the current calendar 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?	X No	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 Yes No X
ATTACH THE COR	ATTACH THE CORRESPONDING SCHEDULE IF YO I INCLUDES ONLY THE SCHEDULES THAT YOU AF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUS	ST INFORMATION	DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	SE 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?	tee on Ethics and certain others child?	ther "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.	ed" income, or liabilities of a nmittee on Ethics.	a spouse or dependent child because they m	neet all three tests for Yes No X

Candidacy Number H8FL 7136

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Identify (a) each asset held for knyestment or indical production of income and with a fair market value use a production of income and with a fair market value use a production of income and of the reporting pariod, specified and (b) any other reportable asset or source of income if an indical production in the control of income if an indical production in the control of income in an indical production in the control of income in an indical production. Assets and/or income Sources **BLOCK A** Indicate value of easet at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. Value of Asset BLOCK B ²¹ Check all columns that apply. For accounts the that generate tax-deferred income (such as 401(K), IRA, or 529 accounts), you may check to the "Tax-Deferred" column. Dividends, the "Tax-Deferred" column. Dividends. Type of Income **BLOCK C** Matthew W. Haggman For essets for which you checked "fax-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. Amount of Income BLOCKD Page 2 ૣે 9

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(Spause) (2 of 2)	(Spouse) (1 of 2) MetLife Life Insurance Policy	MetLife Life Insurance Policy	vings	hecking	Citibank Money Market Account	ABC Hedge Fund	Simon & Schuster		all interest-bearing accounts. If the lotal is over \$5,000, list every financial ineditution where there is more than \$1,000 in interest-bearing accounts. For rental and strong interest in a property held for investment, provide a complete acideses 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 factory are the financial interest in, or income derived from, a factory large interment program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted income source is that of your apposes (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.	For bank and other cash accounts, total the amount in	For all IPAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the recovition thresholds.	oer symbols).	which generated more than \$200 in "unearned" if all assist was sold during the reporting period and is in "ex-unitary course, included only because it generated income, the value should lineares, and capital gains, included only because it generated income, the value should interest, and capital gains, be "Norse." Provide complete names of shorts and mittigs force. "Column M is for seasofs hold by the complete names of shorts and mittigs force."
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Candidacy Number H8FL7136

Matthew W. Haggman

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The financial disclosure statement was not subject to audit, review, or compilation engagement by a CPA, accordingly, a CPA does not express an opinion, a conclusion or provide any assurance on them.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

	Name: Matthey	
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Candidacy Number H8FL 7136

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Matthew W. Haggman

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Use additional sheets if more space is required.

and 403(b) for both candidate and spouse were transferred to a new brokerage investment company through Common Wealth Financial Network **Note: During September 2017, funds from the above disclosed retirement plan assets at Fidelity, Vanguard and Northwestern Mutual (SEP IRA, IRAs

The financial disclosure statement was not subject to audit, review, or compilation engagement by a CPA, accordingly, a CPA does not express an opinion, a conclusion or provide any assurance on them.

managed by Lightship Wealth Strategies, Inc.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Vanalaacy Number
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Name: Matthew W. Haggman
Page 6 of 9

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Use additional sheets if more space is required.

• The financial disclosure statement was not subject to audit, review, or compilation engagement by a CPA, accordingly, a CPA does not express an opinion, a conclusion or provide any assurance on them.

SCHEDULE C - EARNED INCOME

Candidacy Number H8FL7136

of the reporting period in the source for other spouse earned income exceeding \$1000. See example, before the source for other spouse earned income exceeding \$1000. See example, before	Name: Matthew W. Haggman
reporting period. For both the filer	Page 7 of 9

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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. and filer's spouse, list the source and amount of any List the source, type, and amount of earned income " y 41,000. See examples below.

Source (include date of receipt for honoragic)	•	Amo	Amount
() and or (cooler to troiteria)	lype	Current Year to Filing	Preceding Year
	Honoradum	25	4.70
Examples: Only Was Roundtable (Oct. 2)	Salary	\$20,000	\$76,000
Ontario County Board of Education	Spouse Salary	NA SS	\$1,000
John S. and James L. Knight Foundation, Inc. (to July 21, 2017)	Salary	\$ 103.870	÷ 100 000
Danet Linares, P.A. (Also K-1 business income separately disclosed			\$ 100 ,1 00
above Schedule A)	Salary (Spouse)	\$ 110,000	\$ 120,000

Use additional sheets if more space is required.

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Candidacy Number H8 FL 7136

SCHEDULE D - LIABILITIES

	Name: Matthew W. Haggman	
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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 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 (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 *Column K is for liabilities held solely by your spouse or dependent child.

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20, √1		Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	86/5	Mortgage on Rental Property, Dover, DE	_			×						+	
	Vermont Student	Vermont Student Assistance Corporation	7/97	Law School Student Loan 1		×								_	\perp
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SCH	SCHEDULE E - POSITIONS	SITIONS													L

CHEDOLE E - FUSITIONS

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

		Program Director	Vice Chairman (Spouse)	Position
	(* songreeu criccure -) uty 21, 201/)	John S. and James L. Knight Foundation. Inc. (resigned effective - Ind. 21, 2017)	Danet Linares, P.A. associated with Blanca Commercial Real Estate Inc	Name of Organization

SCHEDULE F - AGREEMENTS

Candidacy Number H8FL 7736

Name: Matthew W. Haggman

Page 9

of 9

Identify the date continuation of the continua	ldentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in 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 employer.
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 a	nd any information considered confidential as a result of a	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
- N/A -		

Use additional sheets if more space is required.

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