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UNITED STATES HOUSE OF REPRESENTATIVES FOR NEW M	<b>FORM B</b> For New Members, Candidates, and New Employees	FGIST ATIVE RESOURCE CENTER
Name: MICHAEL FLYNN Daytime T	Telephone: 5867315145	2015 APR -8 PM 1: 42
New Member of or Candidate for State: M ( U.S. House of Representatives District: 10  Candidates – Date of Election: 6 1 1 10	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES  (Office Use Only)
STATUS  New Officer or Employee  Employing Office:	Period Covered: January 1, 20 19 to 3-25-15	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. 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?	ng the reporting period Yes 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 reporting period?	F. Do you have any reportable agreements or arrangements with an outside entity?	r arrangements with Yes 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?	n \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR	NG SCHEDULE IF YOU ANSWER "YES" DULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	ATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	E QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	ertain other "excepted trusts" need not be disclosed. Have you excluded from	ave you excluded from Yes No 🚹
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	tions, or liabilities of a spouse or dependent child because they meet all three Ethics.	ise they meet all three Yes No 🔀

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Use additional sheets if more space is required.

## **SCHEDULE C - EARNED INCOME**

Name: MICHAEL FLYNN

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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.

## SCHEDULE D - LIABILITIES

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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 (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 fiabilities held solely by your spouse or dependent child

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			Banl	Example			
			Bank of America	First Bank of Wilmington, DE	Creditor		
			Revoluins	5/98	Liability Incurred MO/YR	,	
			Credit Card	Mortgage on Rental Property, Dover, DE	Type of Liability		
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## SCHEDULE E - POSITIONS

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 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 listed in Schedule C; positions held in any

Position Name of Organization	positions held in the reporting period and the current calenda	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