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all three tests for Yes No X	a spouse or dependent child because they meet all three tests for	earned" income, or liabilities of a committee on Ethics.	EXEMPTION — Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
ave you excluded Yes No X	ther "excepted trusts" need not be disclosed. He	mmittee on Ethics and certain o	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
QUESTIONS	N - ANSWER BOTH OF THESE QUESTIONS	RUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO
COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	ILY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
3	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE C
\$5,000 from a Yes X No Years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No X	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
arrangement with an Yes No X	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?	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?
the reporting has No No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No X	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?
	TIONS	<u>H</u> OF THESE QUES	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 2017 to MAY 31, 2018	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
(Office Use Only)	Check if Amendment	7 8 TX	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election: 8-2-18
18 JUN 18 AM II: 35	hone:	Daytime Telephone:	Name: George S. Flinn, Jr.
Page 1 of LEGISLATIVE RESOURCE CENTER	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Greatge S.

B. Flim Rounin to	Flinn Inv. Ptrs	ABC Hedge Fund X	Examples:	SP, DC, Mega Corp Stock EIF	For pertal and other real property held for investment, counts, 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 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. Excitude: 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 retirement program, including the Turift Savings Plan. 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, phease refer to the instruction booklet.	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.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$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.	Assets and/or Income Sources	BLOCK A
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*	*	Partnership Income	Royalies	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income	Type of Income	В СОСК С
*	*	×	× ×	×	None		<u> </u>	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other as lassets indicate the category of income by checking the appropriate box below. Dividends, Interest, and sock capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. the Check "None" if no income was earned or generated. The "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

SCHEDULE A -
ASSETS & "
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Abbott Labs	First Horizon Pfd	Cullen Frost Pfd	Apollo Global Pfd	Ebay Inc 6% pref	AT&T Inc	Whirlpool Corp	Nokia Corp	Celgene Corp	Acacia Comm	Comcast Corp	Kroger Company	General Electric	Ma Com Tech	Macquairie Infrastr	ASSET NAME			Assets and/or income Sources	BLOCK A
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Name: George S Flinn Jr

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Name: George S Flinn Jr

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Name: George S. Flinn, Jr.

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Name: George S. Flinn, Jr.

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SCHEDULE C - EARNED INCOME

Name: George S. Flinn, Ir. Page 21 랓

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.

Course (include date of receipt for hoppyratio)	Type	Am	Amount
Source (ilicidde date of lecelpt for liotoralia)	- ype	Current Year to Filing	Preceding Year
ABC Trade Association, Beltimore, MD (July 15)	Honoranum	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Chisrio County Board of Education	Spouse Speech Spouse Salary	\$20,000 \$0	\$75,000 \$1,000 N/A
Diagnostic Ultrasound Consultants, P.C. Salary	Salary	60,466	385,789
Finn Broadcasting Corporation	Salary	9216	26,000
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SCHEDULE D - LIABILITIES

Name: George S. Flinn, Jr.

Page 22 of 23

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 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.

				SP.		·········
			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	۶	
				\$15,001- \$50,000	200	
				\$50,001- \$100,000	Ö	
			×	\$100,001- \$250,000		
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	-n	of Li
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				\$5,000,001- \$25,000,000	Ξ.	
-				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000		
				Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

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 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, 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 seriod 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
tresident	Flinn Broadcasting Corporation
President	Diagnostic Ultrasound Consultants, P.C.
President	Broadcasting for the Challenged, Inc.
Director	Christian Worldview Broadcasting Corporation

SCHEDULE F - AGREEMENTS

Name: George
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 Page 23 o
23

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
		None
•	7	

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.

Source (Name and City/State) Doe Jones & Smith, Hometown, Homestate Accounting Services Accounting Services Accounting Services			
Doe Jones & Smith, Homestate (All included on Schea		Source (Name and City/State)	Brief Description of Duties
(All included on Schedule C)	Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
			(All included on Schedule C)