

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: George S. Flinn, Jr. Daytime Telephone: _____

FILER STATUS



New Member of or Candidate for U.S. House of Representatives

State: TX
District: 8

Candidates - Date of Election: _____



Check if Amendment



New Officer or Employee
Employing Office: _____

Period Covered: January 1, 2016 to MAY 31, 2016

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 unearned income from any reportable asset during the reporting period?

Yes ☐ 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 ☐

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?

Yes ☒ No ☐

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?

Yes ☐ No ☒

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☒ No ☐

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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 your dependent child?

Yes ☐ No ☒

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.

Yes ☐ No ☒

JUN 29 2016 Page 1 of 1

RELATIVE RESOURCE CENTER

2016 JUL -5 PM 12:40

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

Page 1 of 24

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: George S. Flinn, Jr

Page 2 of 24

BLOCK A		BLOCK B														BLOCK C								BLOCK D																								
Assets and/or Income Sources		Value of Asset														Type of Income								Current Year												Preceding Year												
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	Cardinal Health Inc			X											X								X													X												
	Costco			X											X								X													X												
	EMC Corp		X												X								X													X												
	Ebay Inc		X												X								X													X												
	Energy Transfer LP			X											X								X													X												
	Enterprise Products			X											X								X													X												
	Express Scripts		X												X								X													X												
	Generals Mls Inc			X											X								X													X												
	Genuine Parts			X											X								X													X												
	Home Depot					X									X								X													X												
	Interdigital Inc					X									X								X													X												
	JP Morgan Chase		X												X								X													X												
	Johnson & Johnson		X												X								X													X												
	Kinder Morgan Inc		X												X								X													X												
	MLPX LP Com		X												X								X													X												

Page 3 of 24

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Page 4 of 24

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Page 5 of 24

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Page 6 of 24

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Page 7 of 24

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Page 8 of 24

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Page 9 of 24

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Page 10 of 24

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Page 11 of 24

BLOCK A													BLOCK B													BLOCK C													BLOCK D																									
Assets and/or Income Sources													Value of Asset													Type of Income													Amount of Income																									
																																							Current Year													Preceding Year												
ASSET NAME																																																																
SP, DC, JT																																																																
Utilities SPDR													None													NONE													None													None												
													\$1-\$1,000													DIVIDENDS													\$1-\$200													\$1-\$200												
													\$1,001-\$15,000													RENT													\$201-\$1,000													\$201-\$1,000												
													\$15,001-\$50,000													INTEREST													\$1,001-\$2,500													\$1,001-\$2,500												
													\$50,001-\$100,000													CAPITAL GAINS													\$2,501-\$5,000													\$2,501-\$5,000												
													\$100,001-\$250,000													EXCEPTED/BLIND TRUST													\$5,001-\$15,000													\$5,001-\$15,000												
													\$250,001-\$500,000													TAX-DEFERRED													\$15,001-\$50,000													\$15,001-\$50,000												
													\$500,001-\$1,000,000													Other Type of Income (Specify: e.g., Partnership Income or Farm Income)													\$50,001-\$100,000													\$50,001-\$100,000												
													\$1,000,001-\$5,000,000																										\$100,001-\$1,000,000													\$100,001-\$1,000,000												
													\$5,000,001-\$25,000,000																										\$1,000,001-\$5,000,000													\$1,000,001-\$5,000,000												
													\$25,000,001-\$50,000,000																										Over \$5,000,000													Over \$5,000,000												
													Over \$50,000,000																										Spouse/DC Income over \$1,000,000*													Spouse/DC Income over \$1,000,000*												
													Spouse/DC Asset over \$1,000,000*																																																			
Walgreens Boots													X													X													X													X												
WestRock Co													X													X													X													X												
Weyerhaeuser Co													X													X													X													X												
Wisdomtree Eq Fd													X													X													X													X												
Blackrock Bd Fd													X													X													X													X												
PIMCO Bd Fd													X													X													X													X												
Proshares Short Fd													X													X													X													X												
Vanguard ST Inv Fd													X													X													X													X												
Chas Schwab Pref													X													X													X													X												
Comcast Corp													X													X													X													X												
Digital Realty Tr													X													X													X													X												
First Horizon Nat													X													X													X													X												
Goldman Sachs													X													X													X													X												

Page 12 of 24

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Page 13 of 24

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Page 14 of 24

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Page 15 of 24

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Page 16 of 24[illegible]

Page 17 of 24

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Page 18 of 24

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Page 19 of 24

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Page 20 of 24

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Page 21 of 24

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Page 22 of 24

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 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.

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: George S. Flinn, Jr.

Page 23 of 24

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.

SP DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							

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 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
President	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 S. Flinn, Jr.

Page 24 of 24

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
		None

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)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
	All included on Schedule C