		PROTECTION STREET
UNITED STATES HOUSE OF REPRESENTATIVES For New Members	<b>FORM B</b> For New Members, Candidates, and New Employees	Page 1 of /
Name: Willia C Flatock Daytime Telephone:	one:	18 JAN 18 PM 1: 22  OFFICE OF THE CLEEK U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: U.S. House of Representatives District: HZ  Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS  New Officer or Employee  Employing Office:	Period Sovered: January 1, 4017 to 100 100 100 100 100 100 100 100 100 10	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	TIONS	
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 X No A
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 agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an 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 ARE	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	- ANSWER BOTH OF THES	E 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 dependent child?	er "excepted trusts" need not be disclosed. H	ave you excluded from Yes 🔲 No 💢
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent chi exemption? Do not answer "ves" unless you have first consulted with the Committee on Ethics.	spouse or dependent child because they meet all three tests for	all three tests for Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

			solphisal and floor has	Fidelity Investments	ABC Hedge Fund X	Ехатріва:	SP, EFF DC, Mega Corp Stock EFF	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, please refer to the instruction booklet.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	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 bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	(do not use only ticker symbols).	uncarred mounts with year.	exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which period more than \$200 in "measured" income defined the year.	Identify (a) each asset held for investment or production of income and with a fair market value	Assets and/or Income Sources	BLOCK A	
								None						<b>⊳</b>		child in which you have no interest.			ndicate value of asset at close of the reporting period. If you use a valuation method other than fair market value,			
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		:	<u> </u>		Partnership Income	Royalties		Other Type of Income	Specify: e.	g., Partnership Inco	me or Farm Inco	эте)				secounds. Check Notice in the asset generated no income during the reporting period.	ncome for assets held in taxable	401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains,	Check all columns that apply. For accounts that generate tax-deferred income (such as	•		
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		5		·	<u> </u>	+	<del>                                     </del>	\$50,001-\$100,000					<u> </u>	Preceding Year	1		Column XII is for assets held by your spouse or dependent child in which you have no interest	as income for assets held in taxable	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other seeds indicate the calendar interest in Block C. you may check the "None" column.			
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## **SCHEDULE D - LIABILITIES**

Name: Page ()

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.

JT	77		SP. DC. JT		
Bon	17 PB	Example			
Bank of America	nanual Sycs	First Bank of Wilmington, DE	Creditor		
	12/08	5/98	Date Liability Incurred MO/YR		
Credit Card Dupt	Shaur loans	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
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			\$50,001- \$100,000	ဂ	
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			Over \$50,000,000	٠.	
			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 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.