UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT

FORM B

For New Members, Candidates, and New Employees

Name: Anthony Flaccavento

Daytime Telephone:

FILER STATUS		
[ ] New Member of or Candidate for U.S. House of Representatives	State: Virginia District: 9th	
[X] Candidates – Date of Election: 6-12-18		
[ ] New Officer or Employee Employing Office:	Staff Filer Type (if Applicable): [ ] Shared [ ] Principal Assistant	[ ] Check if Amendment Period Covered: January 1, 2016 to 2017

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. Receive more than $200 in unearned income from any reportable asset during the reporting period?

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?

Yes [X] 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 [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?

Yes [ ] No [X]

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?

Yes [X] No [ ]

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

Yes [X] 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 dependent child?

Yes [ ] No [X]

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.

Yes [ ] No [X]

BLOCK A — Assets and/or Income Sources

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, which generated more than $200 in "unearned income during the year.

Provide complete names of stocks and mutual funds (do not use only ticker symbols).

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.

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.

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.

If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.

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.

BLOCK B — Value of Asset

Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."

*Column M is for assets held by your spouse or dependent child in which you have no interest.

BLOCK C — Type of Income

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 for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.

BLOCK D — Amount of Income

For assets for which you checked "Tax-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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.

*Column XII is for assets held by your spouse or dependent child in which you have no interest.

BLOCK B — Value of Asset

Optional (SP/DC/JT)	Asset	EIF	A None	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	M Spouse/DC Asset over $1,000,000*
Examples:	Mega Corp Stock				X (Indefinite)									
	Simon & Schuster						X (Indefinite)							
	ABC Hedge Fund	X							X					
JT	2 Automobiles				X									
JT	Flaccavento Farms						X		X					
JT	SCALE, Inc					X								
JT	Eastman Credit Union Accts (con't)						X							

BLOCK C — Type of Income

Asset	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify)
Mega Corp Stock		X						
Simon & Schuster								Royalties
ABC Hedge Fund								Partnership Income
2 Automobiles	X							
Flaccavento Farms				X				Farm
SCALE, Inc				X				S-Corp
Eastman Credit Union Accts		X						

BLOCK D — Amount of Income

Current Year / Preceding Year columns: I None, II $1-$200, III $201-$1,000, IV $1,001-$2,500, V $2,501-$5,000, VI $5,001-$15,000, VII $15,001-$50,000, VIII $50,001-$100,000, IX $100,001-$1,000,000, X $1,000,001-$5,000,000, XI Over $5,000,000, XII Spouse/DC Income over $1,000,000*

Asset	Current Year	Preceding Year
Mega Corp Stock	II $1-$200	III $201-$1,000
Simon & Schuster	III $201-$1,000	V $2,501-$5,000
ABC Hedge Fund	VI $5,001-$15,000	VII $15,001-$50,000
2 Automobiles	I None	I None
Flaccavento Farms	V $2,501-$5,000	IV $1,001-$2,500
SCALE, Inc	VII $15,001-$50,000	VII $15,001-$50,000
Eastman Credit Union Accts	II $1-$200	II $1-$200

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name: Anthony Flaccavento Page 3 of 7

Assets and/or Income Sources

BLOCK A — Assets and/or Income Sources (SP, DC, JT / ASSET NAME / E/F)

SP/DC/JT	ASSET NAME
Sp	ON Equity 3CG-64502
JT	" " 3CG-724827
JT	" " 3CG-490098
JT	" " 3CG-6447647
S	" " 3CG-689897
S	" " 3CG-64540
JT	" " 3CG-48106
S	" " 3CG-490114

BLOCK B — Value of Asset

- A None
- B $1-$1,000
- C $1,001-$15,000
- D $15,001-$50,000
- E $50,001-$100,000
- F $100,001-$250,000
- G $250,001-$500,000
- H $500,001-$1,000,000
- I $1,000,001-$5,000,000
- J $5,000,001-$25,000,000
- K $25,000,001-$50,000,000
- L Over $50,000,000
- M Spouse/DC Asset over $1,000,000*

BLOCK C — Type of Income

- NONE
- DIVIDENDS
- RENT
- INTEREST
- CAPITAL GAINS
- EXCEPTED/BLIND TRUST
- TAX-DEFERRED
- Other Type of Income (Specify: e.g., Partnership Income or Farm Income)

BLOCK D — Amount of Income (Current Year / Preceding Year)

- I None
- II $1-$200
- III $201-$1,000
- IV $1,001-$2,500
- V $2,501-$5,000
- VI $5,001-$15,000
- VII $15,001-$50,000
- VIII $50,001-$100,000
- IX $100,001-$1,000,000
- X $1,000,001-$5,000,000
- XI Over $5,000,000
- XII Spouse/DC Income over $1,000,000*

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Anthony Flaccavento

Page 4 of 7

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.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples:			
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	$0	$500
State of Maryland	Salary	$20,000	$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	$0	$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
Catholic Diocese	Spouse 1099 for Piano Playing	1750	Ø

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

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.

	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)
SP, DC, JT														
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				x							
JT	Home Mortgage Eastman Credit Union	1/2013	Home Mortgage		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
Treasurer – WIN non-compensated – Spouse	WIN Washington Co. Independent Neighbors

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

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 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
Scale, Inc. Abingdon Va. - Anthony	Speaking + Organizing Rural Farming + Economy
Scale, Inc. " " - Laurel	Manager of S-Corp. - Scale Inc.
Va. Retirement System - Retirement - Laurel	Retirement Pension

Use additional sheets if more space is required.

Use additional sheets if more space is required.

NOTE NUMBER	NOTES
Sch. J.	SEALE, Inc. is AN S Corp owned by Anthony & Laurel Flaccavento. Although the following Payments were made directly to the corporation, we are electing to disclose Payments made to Seale, Inc. over $5000.
	Douglas Co. Kansas - 2016 - $35,625 2017 $3,443
	Choctaw Nation Durant, OK 2016 $ø 2017 $33,750 ④ $33,750 · $67,500 Total
	Friends of SWVA. Abingdon VA 2016 $ø 2017 $59,500
	Natural Capital Inc 2016 $750 2017 $ø
	WVA. Food & Farm Coalition 2016 $10,000 2017 $ø
	Hen House Market 2016 $7,500 2017 $ø