	NATUS II FAIL
UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Daytime Telephone:	18 MAY 30 PM 1: 14
New Member of or Candidate for State: NE U.S. House of Representatives District()2 Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to Present	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> 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? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? asset during the reporting period?	the reporting has X No I 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? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period?	the current calendar Yes ??? No
D. Did you, your spouse, or your dependent child have any reportable 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?	\$5,000 from a Yes X No Yesrs?
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	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?	ave you excluded 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.	all three tests for Yes No X

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HEDULE A – ASSETS	HEDULE A – ASSETS & "UNEARNED INCOME"	Name: Kara	Kara Eastman	Page 2 of 6
BLOCK A	BLOCK B	вгоск с	вгоск р	
sets and/or income Sources	Value of Asset	Type of income	Amount of Income	5
(a) each asset held for investment or on of income and with a fair market value ing \$1,000 at the end of the reporting period, any other reportable asset or source of income generated more than \$200 in 'unsamed' during the year.'	(a) each seest held for investment of indicate value of easet at dose of the reporting period. If you Check all odumns that apply. For accounts on of income and with a fair market value use a valuation method other than fair market value, please that generate tax-deterred income (such as 19 \$1,000 at the end of the reporting period, specify the method used. 40(8), IRA, or \$29 accounts), you may check any other reportable asset or source of income if an asset was said during the reporting period and is included the "Tax-Deterred" column. Dividends, period and the reporting the state of the state of capital. geins, even if during the year. *None: *None: *None: *Option M. Is for assets held by your spouse or dependent thorse. If the asset generated no income use only scher symbols.	Check all odumns that apply. For accounts that generate tax-deterred income (such as 401(k), IPA, or 529 accounts), you may check the "Tax-Defender" odumn. Dividends, whereat, and capital gains, even if reinvested, must be disclosed as throome for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	(a) each asset held for investment of indicate value of each at dose of the reporting period. If you Check all odurnns that apply. For accounts for accounts for accounts the category of income by checking the appropriate box below. Dividends, interest, and 40(th, iRA, or 529 accounts), you may check at the category of income by checking the appropriate box below. Dividends, interest, and 40(th, iRA, or 529 accounts), you may check gains, even if referenced counts. The category of income was earned or generated by the category of income was earned or generated. The category of income was earned or generated only because it generated income, the value should be interest, and capital gains, even if on income was earned or generated only because it generated income, the value should be interest, and capital gains, even if on income was earned or generated only because it generated income, the value should be interest, and capital gains, even if on income was earned or generated only because it generated on income was earned or generated only because it generated only because it generated only because it generated only because it generated on income was earned or generated only because it generated only because it generated on income it is to easets held by your spouse or dependent child in which you have no interest used on the reporting period.	may check the "None" column. For all other falls box below. Dividends, interest, and sme for assets held in taxable accounts. In which you have no interest
IRAs and other retirement plans (such as sens) provide the value for each seach seach teld in				

NEST college sav	NAM	Exemples:	Sp. Heggs Curp Stock	For bank and other cesh accounts, total the amount in all interest-bearing accounts. If the lotal is over \$5,000, let every thenculs in thickness there is more than \$1,000 in interest-bearing accounts. For rental and other real properly haid for investment, provide a complete address or description, e.g., rental properly, and a city and state. For an ownership interest in a christely-haid business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (infress there was rental interest in, or income derived from, a factorial interest in, or income the Thirth Savings Plan. If you report a privately-traded fund that as an Excepted investment Fund, please check etc. E/F 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 fair left. For a detailed decursion of Schedule A requirements, please refer to the instruction booklet.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retirement plans (such as	identity (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 'unsamed income during the year.	Assets and/or income Sources	BLOCK A
×	×	×	**************************************	Norm		child in which you have no inletest.	indicate value of easet at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an easet was sold during the reporting period and is included if an easet was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	BLOCK B
×	×	Royaties Partnershy Noorne	*	NONE DIFFICURE D		during the reporting period.	si odumns that apply. For a harate tax-deterred income (s IRA, or 529 accounts), you ma tx-Deferred column. Divi and capital getrs, e tad, must be disclosed as i tax applications.	Type of income	в соск с
X	×	× × ×	*	\$100.001-\$1000.000	Current Year Preceding		For assets for which you checked "Tax-Delemed" 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 galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. I 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.	Amount of Income	BLOCK D
		*		\$5.001-\$15.000	ding Year		e "None" column. For all other by Dividends, interest, and to held in taxable accounts. have no interest		

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		BLOCK A Assets and/or Income Sources Asset NAME	
		## None >	
-		\$15,801-\$50,000	
		\$250,007-\$1,000,000 # \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
		\$5,000,001-\$25,000,000 \\ \$25,000,001-\$50,000,000 \\ Over \$50,000,000 \\ SprumerDC Asset over \$1,000,000' \\ align*	
		AKONE DAVIDENDS	
		INTEREST TO THE STATE OF THE ST	
		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
		None	
		\$2.591-\$5.000 < \$2.501-\$15.000	
		\$100,007-\$1,000,000 50	
		\$1,000,001-\$5,000,000 × Over \$5,000,000 × SpouserDC Income over \$1,000,000* × Alone	
		\$1,001-\$2,500	
		\$15,001-\$50,000	
		Over \$5,000,000 ≦ Spoume/DC Income over \$1,000,000° ≧	

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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

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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.

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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27.765. The 2018 limit is \$28,050. 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 receip ABC Trade Association, Baltimore, MD Livity 15) Examples: Civit War Roundiable (Oct. 2)	Source (include date of receipt for honoraria)	Туре	Am Current Year to Filing	Amount Preceding Year
1	le cate of receipt for noticiaria)	iype	Current Year to Filing	Preceding Year
	on, Ballimore MD (July 16)	Honorarium	\$0	\$500
Ontario County Board o	(Oct. 2)	Spouse Speech	\$20,000 \$0 N/A	\$75,000 \$1,000 N/A
	Omaha Healthy Kids Alliance	Salary	30,000	131,000
	Creighton University	Spouse Salary	28,000	61,000

SCHEDULE D - LIABILITIES

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	Name:	
	Page 5	
	o	

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 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.		
				Example		, , ,	
				First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability incurred MO/YR		
				Mongage on Rentel Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	90	
					\$50,001- \$100,000	G	
				×	\$100,001- \$250,000	6	$\Big _{lackbox{$lackbox{$\scriptstyle lackbox{}}$}}\Big $
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	71	Amount of Liability
•					\$1,000,001- \$5,000,000	6	blity
		,			\$5,000,001- \$25,000,000	æ	
					\$25,000,001- \$50,000,000	-	
					\$25,000,001- \$50,000,000 Over \$50,000,000	-	

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

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Position	Name of Organization
CEO	Omaha Healthy Kids Alliance
Vice Chair	Metropolitan Community College Board of Governors
Board Member	National Lead and Healthy Housing Association
Spouse - Associate Professor	Creighton University
Souse - President	Assoc. of Spanish and Portuguese Historical Studies

SCHEDULE F - AC

GREEMENTS	Name:	Page 6 of 6
and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the p	spect to: future employment; a leave of absence during the period o	period of government service;
viments by a former or current employer other than the U.S. government or continuing participation in an employee welfare or benefit r	or continuing participation in an employee welfare or benefit plan mi	bian maintained by a former

Identify the date, parties to, an continuation or deferral of pay employer.

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Date	Parties to Agreement	Terms of Agreement

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.

Resemble and minimizers of contrastination and a sounce of business of non-contrasting of the section and section	a printing out to the property text and the text of th
Source (Name and City/State)	Brief Description of Duties
Example Doe Jones & Smith, Hometown, Homestate	Accounting Services
Omaha Healthy Kids Alliance	CEO duties
Creighton University (Spouse)	Associate Professor Duties

FILER NOTES (Optional)

Name: ا ع

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