UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	JUN 0 2 2017 Page 1 of
Name: Kara Estman	Daytime Telephone:	2017 JUN 14 PM 2: 00
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:	Check if	U.S. HOUDE OF REPRESENSATIVES (Office Use Only)
STATUS New Officer or Employee St Employing Office: St	Staff Filer Type (If Applicable): Shared Principal Assistant to Dec. 31, 2016	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF	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 uneamed 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?	the reporting he the date of filing? Yes No W
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 agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	the current calendar 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?	Yes 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 No No
ATTACH THE CO	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>BO</u>	JST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethio from this report details of such a trust that benefits you, your spouse, or dependent child?	 Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded report details of such a trust that benefits you, your spouse, or dependent child? 	ave you excluded Yes No 🗶
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or lial exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	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.	t all three tests for Yes No 📉

all interest-bearing accounts. If the total is ov \$5,000, list every financial institution where there more than \$1,000 in interest-bearing accounts. Exclude: Your personal residence, including secon For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over that is not publicly traded, state the business, the nature of its activit geographic location in Block A. For an ownership interest in a privately-held businer For rental and other real property held for investmen For **all IRAs** and other retirement plans (such a storogen) and provide the value for each asset held (do not use only ticker symbols). SCHEDULE A - ASSETS & "UNEARNED INCOME" ncome during the reporting period); and any financianterest in, or income derived from, a federestierent program, including the Thrift Savings Plan he account that exceeds the reporting thresholds. omes and vacation homes (unless there was rent ental property," and a city and state. rovide complete names of stocks and mutual fund acome during the year. ependent child (DC), or jointly held with anyone (JT the optional column on the far left. you so choose, you may indicate that an asset you have a privately-traded fund that is an Excepte ceeding \$1,000 at the end of the reporting period, estment Fund, please check the "EIF" box. Assets and/or Income Sources (a) each asset income and with a fair market value more than **BLOCK A** or description, \$200 in activities, ₫ investment name and of child in which you have no interest specify the method used. *Column M is for assets held by your spouse or depende ndicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please f an asset was sold during the reporting period and ncluded only because it generated income, the value shou 00 \$15,001-\$50-000 0 \$50,001-\$100,000 Value of Asset m 71 \$100.001-\$250.000 **BLOCK B** \$250.001-\$500.000 \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 _ Over \$50,000,000 _ Z Spause/DC Asset over \$1,000,000* 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, reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. interest, and capital Type of Income **BLOCK C** Name CAPITAL GAINS EXCEPTED/BLIND TRUST gains, even TAX-DEFERRED > Other Type of Income (Specify: e.g., Partnership Income or Farm Income) P capital gains, even if reinvested, must be disclos Check "None" if no income was earned or generated. 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. > 'Column XII is for assets held by your spouse or dependent child in which you have no interest = = ASTMA ₹ ٧ Current Year ≤ ≦ ≦ \$50,001-\$100,000 2 \$100,001-\$1,000,000 $\overline{\mathbf{x}}$ Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 × BLOCK D ≚ Spouse/DC Income over \$1,000,000* = = ₹ Page Preceding Year < ≤ ≦ ≨ \$50,001-\$100,000 앜 ⋝ \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 >< × ≚ Spouse/DC Income over \$1,000,000*

Use additional sheets if more space is required

누尺똥

Mega Corp Stock Simon & Schuster

×

4

×

×

×

Procini

X X

X

*

~

×

×

メメ

(@/ >

ര

ž

 $\overline{\succ}$

-or a detailed discussion of Schedule A requirement blease refer to the instruction booklet.

None

NONE

RENT

None

\$1-\$200

\$201-\$1,000

\$1,001-\$2,500

\$2,501-\$5,000 \$5,001-\$15,000

\$15,001-\$50,000

None \$1-\$200

×

\$201-\$1,000

\$1,001-\$2,500

\$2,501-\$5,000

\$5,001-\$15,000

\$15,001-\$50,000

Over \$5,000,000

DIVIDENDS

INTEREST

\$1-\$1,000

\$1,001-\$15,000

SCF
HEDUL
EA-
ASSET
N. % S.
NEARNED
INCOME"

<u>`</u>Q

													Assets and/or	22
										:			Income Sources	OCK A
_		<u> </u>									None	1		4
								ļ .				-		ı
										-		-		ı
		 							 		····· · · · · · · · · · · · · · · · ·	-		ı
					 				 			-{	_	1
			-				 					-	<u>/a</u> ⊢_	
		 	-									1	e 0	ž
												-	A	, d
												-	SSE	
			-				 <u></u>					-	~	
							 <u> </u>					_		1
												_		1
		\sqcup			ļ				 					1
												+		4
												_		ı
		 				,					DIVIDENDS	4		ı
											RENT		₹	
											INTEREST	1	9 0	<u>.</u>
											CAPITAL GAINS			3
							 _				EXCEPTED/BLIND TRUST	1	nc ?	ŝ
_		:						-			TAX-DEFERRED	1	Ĭ	ı
1											Other Type of Income (Specify: e.g., Pertnership Income or Farm Income)	1		ſ
									 -		None -	_		4
					\vdash						\$1 -\$ 200 =	1		
											\$201-\$1,000 =			
					 						\$1,001-\$2,500 <			
	1											1		
—-\							 				\$5,001-\$15,000 ≤			1
											\$15,001-\$50,000 <u>\$</u>	: [1
											\$50,001-\$100,000 ≦	`I		
-														j
					 \vdash						\$1,000,001-\$5,000,000 ×		≥	
											Over \$5,000,000 ×		5	
													1 P	ğ
											None	1	<u>a</u> }	Š
					\vdash		_				\$1-\$200 =		ng '	1
- ∤											\$201-\$1,000 =		ğ	
				-							\$1 M1 \$2 5M	1	-	ľ
 †											\$2,501-\$5,000 < 9	Ί		
			/								\$5,001-\$15,000 ≤			
 											\$15,001-\$50,000 ≦ ©	1		1
											\$50,001-\$100,000	:		
					\vdash						\$100,001-\$1,000,000 🔻			
- 1	,				. 1	·					,			1
											\$1,000,001-\$5,000,000 ×			1
											\$1,000,001-\$5,000,000 × Over \$5,000,000 ×			١
											P P P P P P P P P P P P P P P P P P P	None >	Separation Sep	None >

SCHEDULE C - EARNED INCOME

Name: Kara Edstran Page 1 of 1

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.

		Amı	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500 *ZE 000
Examples: Civil War Roundlable (Oct. 2) Ontario Courty Board of Education	Spouse Speech Spouse Salary	\$0 \$0	\$1,000 N/A
OMAHA HEACTHY KEDS ACCEANCE	SALARU	\$ 50,000	\$105,000
CREIGHTON UNIVERSITY	Spore Smary	W 052 #	# 60000

SCHEDULE D - LIABILITIES

Name: Kara Eashnau Page / of I	orting
--------------------------------	--------

Report liabilities of over \$10,000 owed to any one creditor at any time 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.

			77		SP, DC, JT		
			\cap	Example			
			CHASE BANK of DE 1/2002	First Bank of Wilmington, DE	Creditor		
			1/2002	5/98	Date Liability Incurred MO/YR		
			Credit and	Mortgage on Rental Property, Dover, DE	Type of Liability		
			۴		\$10,001- \$15,000	>	
		•			\$15,001- \$50,000	68	
					\$50,001- \$100,000	ი	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	п	of Li
					\$1,000,001- \$5,000,000	6	Amount of Liability
					\$5,000,001- \$25,000,000	±	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000		
					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, fratemal, 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.

	•
National lead and Envite On mental Hogard Association	Directo 1
ايا	Director
Metropolitic Community College of Nebrusta	Vice Chair ind Governor
Name of Organization	Position

SCHEDULE F -

- AGREEMENTS Name: \(\lambda \cap \lambda \lambda \rangle \lambda \rangle \r
--

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.

and Condition		
Date	Parties to Agreement	Terms of Agreement
	\mathcal{N}/\mathcal{N}	

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.

So. Common of	in any information considered confidential as a result of	gerenment and any montagnet considerate as a result of a printeger relational process in the next repeat information record of perfections of
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	Λ	
_		

FILER NOTES (Optional)

Name: Page_____of

NOTE NUMBER	NOTES
·	
	NR