LEGISLATIVE RESOURCE CENTER Page 1 of

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Name: FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** Kara Eastman Daytime Telephone: For New Members, Candidates, and New Employees FORM B

U.S. HOUSE OF REPRESENTATIVES

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Check if Amendment

(Office Use Only)

Staff Filer Type (If Applicable): Principal Assistant b present 2017 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

FILER STATUS

Employing Office: New Officer or Employee

Shared

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U.S. House of Representatives

New Member of or Candidate for

Candidates - Date of Election:

11/6/18 District()2 State: NE

	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	CORRESPONDING SO	ATTACH THE C
Yes X No	J. Did you receive compensation of more than \$5,000 from a sincle source in the current year and two prior years?	Yes X No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any reinfind the reporting period?
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?	Yea X No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA diatributions) of \$200 or more during the reporting period?
Yes X No	E. Did you hold any reportable positions during the reporting Pea X period or in the current calendar year up through the date of filing?	Yes X No	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?

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

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 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? ***** ĕ × ×

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exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

SCHEDU

DULE A - ASSETS	DULE A - ASSETS & "UNEARNED INCOME"	Name: Kara	Kara Eastman	Page 2 of 6
BLOCK A	вгоск в	вгоск с	вгоск р	
and/or income Sources	Value of Asset	Type of Income	Amount of income	ome
such asset held for investment or income and with a fair market value (DO) at the end of the reporting period er reportable asset or source of income fad more than \$200 in "unearned" the year. The year: The year of stocks and mutual funds by tacker symbols).	pich assor held for investment of indicate value of asset at dose of the reporting period if you Check at odumns that apply. For accounts income and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such as 200 at the exporting period specify the method used. 401(k), IRA, or 529 accounts), you may check or reportable asset or source of income if an asset was add during the reporting period and is included the "Tax-Deferred" column. Dividently, lad more than \$200 in "unearned" only because it generated income, the value should be interest, and capital gains, even if the year. Those. "Column M is for assets held in taxable accounts. Check ete names of stocks and mutual funds" (Column M is for assets held by your spouse or dependent whome if the asset generated no income y taker symbols). End other reliefment plans (such as	Check all oolumns that apply. For accounts For assals for which you chec that generate bax-deferred income (such as assats indicate the category 401(k), IPA, or 529 accounts) you may check capital gains, even if reliver the "Tax-Deferred" column. Dividents, Check None if no income with the standard gains, even if reliverated, must be disclosed as income. Column XII is for assets hald for assets hald in taxable accounts. Check the asset shall no taxable accounts. Check the asset generated no income during the reporting period.	For assets for which you che assets indicate the category capital galins, even if reliev Check 'None' if no income w "Column XII is for assets hele	cked 'Tax-Deferred' in Block C, you may check the "None" column. For all other of income by checking the appropriate box below. Dividends, interest, and ested, must be disclosed as income for assets held in taxable accounts. as earned or generated dby your spouse or dependent child in which you have no interest.
and other relicement plans (such as novide the value for each asset held in at exceeds the reporting thresholds.			Current Year	Preceding Year
at doctored and relocated an assessment		-	Current Year	Preceding Year

sp Fidelity	sp Principal/Creighton	dc NEST college sav 529	SP. Moga Cop Stock The Examples Smoot & Schuster ABC Heater Fund X NAM (BPI Inc)	For bank and other cash accounts, total the smount in all interest-bearing accounts. If the lotter is own \$5,000, tast every financial institution where there is \$5,000, tast every financial incomest the state. For entail and other real property had for investment provide a complete address or description, or generating products, and tast geographic location in Block A. Exclusive: Your personal residence, including second fromes and vascision homes (unless there was rental income during the reporting persod), and any financial interest in, or income derived from a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that a an excepted investment Fund, please check the "Elifbox." 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 had with anyone (JT), in the optional column on the fair left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only tacker symbols). For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in		Identity (8) each asset held for investment or production of Income and with a fair market value accepting \$1,000 at the end of the reporting bened	Assets and/or income Sources	BLOCK A
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×	*	×	X Royaliss Patienthia Hoons	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/SLIND TRUST TAX-DEFERRED Other Type of Income (Specify e.g., Partnership Income or Farat Income)		None if the asset generates to income during the reporting period.	the Tax-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check	Type of Income	вгоск с
	×	*	× × ×	### ##################################	Current Year		Check: None' if no income was samed or generated *Column XII is for assets held by your spouse or dependent child in which you have no interest	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 eppropriate box below. Dividends, Interest, and canada native awar if minimented must be disclosed as income for assets held in tratable accounts.	Amount of Income	BLOCK D
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Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Page

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SCHEDULE C - EARNED INCOME

Name:	
Page	
Page of	4 . 6
L	

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 refirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROMIBITED 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 receipt for honoraria)	Type		Amount
	The tribude date of receipt for honoralia,) po	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honorwhim		\$500
Examples:	State of Maryland Civit Was Roughlishe (Oct. 2)	Spring Speed	\$20,000 \$0	\$1,000
	Onlario County Board of Education	Spouse Salary	NIA	N/A
	Omaha Healthy Kids Alliance	Salary	30,000	131,000
	Creighton University	Spouse Salary	28,000	61,000
				-

SCHEDULE D - LIABILITIES

Name:	
Page 5	
of 6	

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. DC. JT		
			Example			
			First Bank of Wilmangton. DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
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				\$250,001- \$500,000	m	Amount of Liability
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				\$1,000,001- \$5,000,000	6	Village Village
				\$5,000,001- \$25,000,000	æ	
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				Over \$50,000,000	٤.	
				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 gild the content calcitual year. First-year calculate	period and the current calculate year. First per cardinate and her entry year and post post on the province year and the province years.
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
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SCHEDULE F - AGREEMENTS

Name:
Page 6 c

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 weffere or benefit plan maintained by a former

_	 	 ,	
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.

9		general and any mentioned and indication of a principal supportant process of the expension support in the expension of the e
	Source (Name and City/State)	Brief Description of Duties
Example.	Doe Jones & Smith, Hometown, Homestate	Accounting Services