

NOV - 2 2016

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

Name: Amber M. White

Daytime Telephone: _____

FILER STATUS



New Member of or Candidate for U.S. House of Representatives

State: _____ District: _____

Candidates - Date of Election: _____



New Officer or Employee
Employing Office: _____



Check if Amendment

Period Covered: January 1, _____ to _____

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

2016 NOV - 4 AM 10: 44

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. Make more than \$200 in unearned 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?

Yes ☒ 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 ☒ No ☐

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?

Yes ☐ 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 ☐ No ☒

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

Yes ☒ 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 ☒

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 ☒

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Use additional sheets if more space is required.

Page 7 of 9

Use additional sheets if more space is required.

Name: Jamara M. White

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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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

[illegible]

SCHEDULE D - LIABILITIES

Name:

James M. White

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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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				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
President, Secretary, Treasurer	MyPainDoc, PC.
Member	DocDist, LLC
Treasurer	DAKBAB, Inc.

SCHEDULE F – AGREEMENTS

Name:

James M. White

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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
	NONE	

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
	NONE	

FILER NOTES (Optional)

Name: _____

Page _____ of _____

NO HELP WHAT SO EVER ON CAMPAIGN! ALL DONE WHILE WORKING 14 HOUR DAYS.

NOTE NUMBER	NOTES	
	CAMPAGN FINANCIAL DISCLOSURE.	
	1. EALSON McDONALD CAMPAIGN MANAGER (QUIT AS CAMPAIGN MANAGER)	\$ 2000.00
	2. BIG RED PRINTING YARD SIGNS	\$ 2700.00
	3. MARTY STEINMUSSEN LOGO DESIGN	\$ 500.00
	4. STATE OF NEBRASKA FILING FEE	\$ 1750.00
	5. FACEBOOK BOOSTED POST	\$ 3434.94
	TOTAL CAMPAIGN SPENT PRIVATE PERSONAL FUNDS AMN WILLIAM	\$ 10,384.94
	TOTAL MONEY RAISED	
	ACT BLUE CAMPAIGN GET INTO ACCOUNT.. CHECKS SENT.	\$ 75.00
	CASH TOTAL	\$ 83.00
	CHECKS TOTAL	\$ 500.00

TOTAL \$ 1058.00

CAMPAIGN NOTICE

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

LEGISLATIVE RESOURCE CENTER
2016 NOV - 4 AM 10:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

NOV - 2 2016

Indicate Your Status:
(Select One)

Dear Madam Clerk:

☐ Over \$5,000
Threshold Not
Exceeded

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

BEFORE 10-5-16.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

**AFTER 10-5-16 TOTAL 100% PERSONAL FUNDS
\$10,384.94**

☐ Withdrawal
of Candidacy

This is to notify you that under the laws of the state of _____,

I withdrew my candidacy for the U.S. House of Representatives on _____.

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type):

Samuel M. Wilk

State:

NEBRASKA

District:

ONE

Date:

11-1-16

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

CAMPAIGN NOTICE

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NOV 2 2016
LEGISLATIVE RESOURCE CENTER
2016 NOV -4 AM 10:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Indicate Your Status:
(Select One)

Dear Madam Clerk:



Over \$5,000
Threshold Not
Exceeded

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[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): DANIEL M WIK

State: NEBRASKA District: ONE

Date: 10.5.16

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
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135 Cannon House Office Building
Washington, DC 20515-6601