



Filing ID #10009773

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Vance Steven Alm  
**Status:** Congressional Candidate  
**State/District:** NV02

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2016  
**Filing Date:** 05/17/2016  
**Period Covered:** 01/01/2015– 05/16/2016

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

None disclosed.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Alm Family Practice	Personally owned business salary	\$56,000.00	\$122,298.00
St. Mary's Medical Group	Hospital group salary	\$2,785.00	\$33,440.00

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Chase Credit	August, 2014	Credit card	\$10,000 - \$15,000
	Sean Devlin, D.O.	May, 2005	Personal loan for previous home purchase	\$100,001 - \$250,000
	Bank of North Dakota	May, 1998	Student loan	\$10,000 - \$15,000
	Wells Fargo	May, 1998	Student loan	\$10,000 - \$15,000

## SCHEDULE E: POSITIONS

Position	Name of Organization
Owner/Physician	Alm Family Practice

## SCHEDULE F: AGREEMENTS

None disclosed.

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Vance Steven Alm , 05/17/2016