

UNITED STATES HOUSE OF REPRESENTATIVESFINANCIAL DISCLOSURE STATEMENT
For New Members, Candidates, and New Employees**FORM B****NOV 28 2023**

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LEGISLATIVE RESOURCE CENTER

2023 DEC - 7 AM 11:02

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)**Name:** ELsie Arntzen **Daytime Telephone:** _____

FILER STATUS	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives	State: <u>Nebraska</u> District: <u>2</u>
	<input type="checkbox"/>	Candidates – Date of Election: <u>November 5, 2024</u>
	<input type="checkbox"/>	Check if Amendment
	New Officer or Employee	Staff Filer Type (If Applicable):
	Employing Office: _____	<input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> to _____
		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? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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 "exempted 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**

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: **EUSIG ARNTZEN**

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BLOCK A		BLOCK B		BLOCK C		BLOCK D	
Assets and/or Income Sources		Value of Asset		Type of Income		Amount of Income	
<p>Identify (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 ‘unearned’ income during the year.</p> <p>Provide complete names of stocks and mutual funds (such as 401(k) plans), provide the value for each asset held in the account that exceeds the reporting thresholds. (do not use only dollar symbols).</p>							
<p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>Rental and other real property held for investment, provide a complete address or description, e.g., “Rental property,” and a city and state.</p>							
<p>For an ownership interest in a privately held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Block A: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p>							
<p>If you report a privately traded fund that is an Excepted Investment Fund, please check the “EIF” box.</p>							
<p>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 far left.</p>							
<p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>							
Sp. DC JT Example: Simon & Schuster ABC Hedge Fund	None \$1-\$1,000 \$1,001-\$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 Spouse/DC Asset over \$1,000,000*	None Holdings	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	Royalties Partnership Income	I II III IV V VI VII VIII IX X XI XII I II III IV V VI VII VIII IX X XI XII	Current Year Proceeding Year
Sp. DC JT Example: Simon & Schuster ABC Hedge Fund	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	None Holdings	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	Royalties Partnership Income	I II III IV V VI VII VIII IX X XI XII I II III IV V VI VII VIII IX X XI XII	Current Year Proceeding Year
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ELSIE ARNTZEN

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ASSETS and/or Income Sources BLOCK A	Value of Asset BLOCK B	Type of Income BLOCK C	Amount of Income BLOCK D											
			A	B	C	D	E	F	G	H	I	J	K	L
SP First Interstate Bank CD	X	None												
SP Vanguard 401K	X	\$1-\$1,000												
SP LRS - Mutual Fund	X	\$1,001-\$15,000												
SP Stock Mutual Fund - HF	X	\$15,001-\$50,000												
SP Home Entertainment System	X	\$50,001-\$100,000												
SP Other Investments, Inc.	X	\$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												
		Spouse/DC Asset over \$1,000,000*												
		NONE												
		DIVIDENDS												
		RENT												
		INTEREST												
		CAPITAL GAINS												
		EXCEPTED/BLIND TRUST												
		TAX-DEFERRED												
		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)												
		None	I	II	III	IV	V	VI	VII	IX	X	XI	XII	Current Year
		\$1-\$200												
		\$201-\$1,000												
		\$1,001-\$2,500												
		\$2,501-\$5,000												
		\$5,001-\$15,000												
		\$15,001-\$50,000												
		\$50,001-\$100,000												
		\$100,001-\$1,000,000												
		\$1,000,001-\$5,000,000												
		Over \$5,000,000												
		Spouse/DC Income over \$1,000,000*												
		None	I	II	III	IV	V	VI	VII	IX	X	XI	XII	Preceding Year
		\$1-\$200												
		\$201-\$1,000												
		\$1,001-\$2,500												
		\$2,501-\$5,000												
		\$5,001-\$15,000												
		\$15,001-\$50,000												
		\$50,001-\$100,000												
		\$100,001-\$1,000,000												
		\$1,000,001-\$5,000,000												
		Over \$5,000,000												
		Spouse/DC Income over \$1,000,000*												

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: EVA ARNTSEN

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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 outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2022 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$29,865. The 2023 limit is \$31,815. 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	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 16)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
State of Montana	Salary	* 103,000	* 116,500
Face Entertainment, Inc.	Spouse Salary	N/A	N/A

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: ELSIE ARTHUR

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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.

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
<u>SUPERVISOR OF FINANCIAL INSTITUTIONS</u>	<u>State of Hawaii</u>

Use additional sheets if more space is required.