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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------|---------------------|--|-----------------|--|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>11 <sup>th</sup> Floor, State Capitol<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522 | <h1 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h1> <p style="margin-top: 20px;">NADC FORM C-1</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">2-9-24</td> </tr> <tr> <td style="padding: 2px;">MICROFILM<br/>NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</td> </tr> </table> | POSTMARK<br>DATE | 2-9-24 | MICROFILM<br>NUMBER |  | OFFICE USE ONLY |  |
| POSTMARK<br>DATE                                                                                                                                                   | 2-9-24                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |        |                     |  |                 |  |
| MICROFILM<br>NUMBER                                                                                                                                                |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |        |                     |  |                 |  |
| OFFICE USE ONLY                                                                                                                                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |        |                     |  |                 |  |
| BEFORE COMPLETING<br>READ FILING REQUIREMENTS                                                                                                                      |                                                                                                                         | 2021 FEB 11 10:00 AM<br>                                                                                                                                                                                                                                                                                                                                                                                           |                  |        |                     |  |                 |  |

- Candidates for designated offices and holders of designated offices and positions must file this statement. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file with the Commission and with the appropriate election official (See Instructions).
- Designated officeholders and holders of designated positions must file this statement with the Commission annually.
- Dollar values need not be report for any item, except Item 11.
- Persons who fails to file as required is subject to a civil penalty of up to \$2,000.

**ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER**

Name RAMSEY LLOYD H Telephone No. 308-872-2378

LAST FIRST MIDDLE

Address 7956 SUMNER RD BROKEN BOW NE 5484

STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

**ITEM 2 OCCASION FOR FILING (Check Appropriate Box)**

- |                                                                                      |                                                                |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> A candidate for elective office                             | <input type="checkbox"/> Left office or position               |
| <input checked="" type="checkbox"/> Annual officeholder's or state employee's report | <input type="checkbox"/> Newly appointed to office or position |

**ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)**

List the office or position you currently hold which requires this filing. If you have left office, list the office you held.

Office or Position: Board of Auditor Term: 2008 2024

BEGINS ENDS

Name of City, County, District, or State Agency: Custer Public Power Dist

**ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)**

List the office sought which requires this filing.

Office: \_\_\_\_\_

Name of City, County, District, or State Office: \_\_\_\_\_

**ITEM 5 PERIOD COVERED BY THIS STATEMENT**

This statement must cover all financial interests for the entire "preceding calendar year" and not just as of year-end. If you have left office, this statement must cover all financial interests from the end of the calendar year for which you previously filed up to and including the date you left office.

- ☒ This statement covers the preceding calendar year January 1 through December 31, 2020
- ☐ Left office, this statement covers the period January 1, \_\_\_\_\_ to \_\_\_\_\_
- (DATE YOU LEFT OFFICE OR POSITION)

**ITEM 6 | SOURCES OF INCOME OF OVER \$1,000**

Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)

Name and address of any source\* (including an individual, business, body of government, political subdivision or body corporate) from whom income of over \$1,000 was received.

List the nature of the source's business and the nature of the services you rendered or the circumstances under which income was received. NOTE: Do not list the amount of the income.

- |     |                            |      |                        |
|-----|----------------------------|------|------------------------|
| 1.) | SOCIAL SECURITY            | 1a.) | AMERINDS FINANCIAL     |
| 2.) | RENTAL HOUSE<br>905 N 13TH | 2a.) | MONTHLY RENT           |
| 3.) | VA<br>DEPT OF VA           | 3a.) | DISABILITY PAYMENT     |
| 4.) | CUSTER POWER<br>NECOT COOP | 4a.) | PO BOX 10 BROKEN BOWNE |

\*NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY, OPERATION OF OR PARTICIPATION IN A PROPRIETORSHIP, PARTNERSHIP, CORPORATION OR OTHER PERSON, LIST THE SAME AS THE SOURCE OF INCOME, BUT NOT THE PATRONS, CUSTOMERS, PATIENTS, OR CLIENTS THEREOF.

**ITEM 7 | BUSINESSES WITH WHICH YOU ARE ASSOCIATED (See definitions)**

Name and address of all businesses, organizations, or associations (profit and non-profit) with which you held a position of officer, director, limited liability company member, partner, or stockholder and any entity in which you held a position of trustee. Such reporting is required based on the position held, not on whether income was received. You need not report business associations which are otherwise listed under Item 6.

- | Name and Address of Business or Organization | Nature of Association |
|----------------------------------------------|-----------------------|
| 1.) COMMUNITY CONNECTIONS                    | 1a.) DIRECTOR         |
| 2.)                                          | 2a.)                  |
| 3.)                                          | 3a.)                  |
| 4.)                                          | 4a.)                  |
| 5.)                                          | 5a.)                  |
| 6.)                                          | 6a.)                  |
| 7.)                                          | 7a.)                  |

**ITEM 8 REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need not be reported.)**

List all real property in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need not report real estate owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house and adjacent land used for house-hold purposes, such as lawns and gardens.

| Location of Property<br>(Description or Address) | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental) |
|--------------------------------------------------|-------------------------------------------------------------------------------------------|
| RENTAL<br>HOUSE<br>903 N 13TH<br>BROKEN BOWNE    | Residential House                                                                         |

**ITEM 9 OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD**

(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.

| Financial Institution                                 | Address                                             |
|-------------------------------------------------------|-----------------------------------------------------|
| NEBB STATE BANK<br>NEB A Electric<br>Ametitas Finance | BROKEN BOWNE<br>PO BOX 688 LINCOLN NE<br>LINCOLN NE |

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

Ametitas Financial LINCOLN NE

(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange.

RETIREMENT IRA  
Ametitas Life INS  
LINCOLN NE

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                  |                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|
| <b>ITEM 10</b>                                                                                                                                                                                                                                                                                                                       | <b>CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.</b>  |                                  |                                                            |
| Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need <b>not</b> be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need <b>not</b> be reported. |                                                                                                               |                                  |                                                            |
| Name                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | Address                          |                                                            |
| N/A                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                  |                                                            |
| <b>ITEM 11</b>                                                                                                                                                                                                                                                                                                                       | <b>SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)</b> |                                  |                                                            |
| Name and address of Donor                                                                                                                                                                                                                                                                                                            | Occupation or nature of business of Donor                                                                     | Value of Gift<br>(See Key Below) | Description of Gift and Circumstances or Occasion for Gift |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                      | NONE                                                                                                          | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Choose Value:                    |                                                            |
| The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:                                                                                      |                                                                                                               |                                  |                                                            |
| A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.                                                                                                                                                                                                                                           |                                                                                                               |                                  |                                                            |
| <b>ITEM 12</b>                                                                                                                                                                                                                                                                                                                       | <b>SIGNATURE OF FILER AND DATE.</b>                                                                           |                                  |                                                            |
| I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.                                                                                                                                                                          |                                                                                                               |                                  |                                                            |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                  |                                                            |
| <br>(Signature of Filer)                                                                                                                                                                                                                          |                                                                                                               | 2-8-21<br>(Date)                 |                                                            |