

2-12-21

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS <i>AMENDED</i> NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> </table>	POSTMARK DATE		MICROFILM NUMBER		OFFICE USE ONLY	
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BEFORE COMPLETING READ FILING REQUIREMENTS								

- 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 fail to file as required are subject to a civil penalty of up to \$2,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER			
Name	<u>Barnesberger William H.</u> LAST FIRST MIDDLE	Telephone No.	<u>402-723-5740</u>
Address	<u>705 Highland Rd. P.O. Box 565 Henderson, NE 68341</u> STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE		

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)	
☒ A candidate for elective office ☐ Annual officeholder's or state employee's report	☐ Left office or position ☐ 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: <u>County Commissioner</u>	Term: <u>1-1-15 1-1-18</u> BEGINS ENDS
Name of City, County, District, or State Agency: <u>York County</u> <u>1-1-19 - 12-31-22</u>	

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, <u>2020</u>
☐	Left office, this statement covers the period January 1, _____ to _____ (DATE YOU LEFT OFFICE OR POSITION)

5. YORK COUNTY COMMISSIONERS SALARY
 COUNTY HOME YORK, NE. 68467

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 which 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.

List your Government position if you were paid more than \$1,000.

1.) YORK STATE BANK
 7th & LINCOLN AVENUE
 YORK, NE. 68467

1a.) COD

2.) MIDWEST BANK
 South Lincoln 16LM
 YORK, NE. 68467

2a.) COD & IRA²

3.) HENDERSON STATE BANK
 1040 NORTH MAIN ST.
 HENDERSON, NE. 68341

3a.) COD

4.) CORNWELL BANK
 916 N. MAIN ST.
 HENDERSON, NE. 68341

4a.) IRAS
 COD
 PREMIER CHECKING ACCTS.

6. Pinnacle Bank 1234 L ST. AURORA, NE. 68818

CHECKING ACCT

*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 Including Non Profits (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

If you have nothing to report, write NONE

1.) NONE

1a.) NONE

2.)
 3.)
 4.)
 5.)
 6.)
 7.)

2a.)
 3a.)
 4a.)
 5a.)
 6a.)
 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
(Description or Address)

Nature of Property
(such as: agricultural, commercial, industrial, residential-rental)

If you have nothing to report, write NONE

705 Highland Rd.
Lot 18
KROEGER SUBDIVISION
City of Henderson

Residential

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

If you have nothing to report, write NONE

NONE

NONE

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

If you have nothing to report, write NONE

NONE

(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.

If you have nothing to report, write NONE

NONE

ITEM 10 CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.

Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need not 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 not be reported.

Name	Address
If you have nothing to report, write NONE	
NONE	

ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE

Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
NONE	NONE	Choose Value:	NONE
		Choose Value:	
		Choose Value:	
		Choose Value:	
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		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.

ITEM 12 SIGNATURE OF FILER AND DATE.

I hereby state that I have used all reasonable diligence in the preparation and complete. I declare it is true


2-10-21

(Signature of Filer)

Criminal Penalties: Any person who files a statement knowingly and willfully false is guilty of a Class IV Felony, See §49-14,134, Nebraska Revised Statutes.

State of Nebraska

Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
www.nadc.nebraska.gov



Centre Terrace, 1225 L St. #400
Phone (402) 471-2522
Fax (402) 471-6599

February 9, 2021

William Barnesberger
P.O. Box 565
Henderson, NE 68371

Dear Mr. Barnesberger:

Your Statement of Financial Interests filed with this office contains an error or an omission.

Your Position: York County Commissioner

Date of Filing: February 8, 2021

Error or Omission: 1) Item 3 of your statement shows that your term of office is 1-1-15 through 12-31-18. Your statement should disclose your current term of office; 2) Item 5 of your statement shows it covers 2015. Your statement should cover 2020, the preceding calendar year; and 3) Item 9 (a), 9 (b) and 9(c) were left blank.

Action Required: On the enclosed copy of your statement make the following corrections and return it to this office: a) Fill in the correct term of office at Item 3; b) Fill in the correct calendar year at Item 5 and; c) Complete Items 9 (a), 9 (b) and 9(c). If you have nothing to report, write "none".

If your statement as filed does not accurately reflect your financial interests during 2020, you should file a new statement disclosing the correct information.

If you have any questions, please feel free to contact me.

Sincerely,



Frank J. Daley, Jr.
Executive Director

NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
11th Floor, State Capitol
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

NADC FORM C-1

POSTMARK
DATE

2/6/12

MICROFILM
NUMBER

OFFICE USE ONLY

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Office or Position: County Commissioner Term: 1-1-15 12-31-18
BEGINS ENDS
Name of City, County, District, or State Agency: York County

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- ☒ This statement covers the preceding calendar year January 1 through December 31, 2015
☐ Left office, this statement covers the period January 1, _____ to _____
(DATE YOU LEFT OFFICE OR POSITION)

5. YORK COUNTY, NE. 68467 COMMISSIONERS SALARY

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2a.) COD & IRA'S

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HENDERSON, NE. 68391

3a.) COD

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I swear it is true

William H. Samerberg
(Signature of Filer)

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guilty of a