

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	POSTMARK DATE	2-13-21
		MICROFILM NUMBER	
BEFORE COMPLETING READ FILING REQUIREMENTS		OFFICE USE ONLY	

- 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 FORAL BRIAN J. Telephone No. 402-545-2319
 LAST FIRST MIDDLE

Address 303 EAST BENTON STREET BRAINARD NE 68626
 STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

- ☐ A candidate for elective office
 ☐ Left office or position
☒ Annual officeholder's or state employee's report
 ☐ 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: COUNTY SURVEYOR Term: 1-2019 1-2023
 BEGINS ENDS

Name of City, County, District, or State Agency: BUTLER COUNTY

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

List the office sought which requires this filing.

Office: COUNTY SURVEYOR

Name of City, County, District, or State Office: BUTLER COUNTY

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.) JEO CONSULTING GROUP, INC.
142 WEST 11TH STREET
WAHOO NEBRASKA, 68066

1a.) SURVEYING/ENGINEERING/CONSULTING COMPANY
SURVEYING

2.) F AND S TRENCHING AND CONSTRUCTION
708 NORTH OLD PARK ROAD
BRAINARD NEBRASKA, 68626

2a.) SOIL CONSERVATION WORK
LABORER, MACHINE OPERATOR, SURVEYING

3.) BUTLER COUNTY NEBRASKA
451 N 5TH STREET
DAVID CITY NEBRASKA, 68632

3a.) COUNTY GOVERNMENT

4.)

4a.)

*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.) FUDD, LLC
303 EAST BENTON STREET
BRAINARD NEBRASKA, 68626

1a.) REGISTERD AGENT, 1/3 OWNER

2.) FLS, LLC
303 EAST BENTON STREET
BRAINARD NEBRASKA, 68626

2a.) REGISTERD AGENT, OWNER

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 <i>not</i> be reported.)
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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)

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

Financial Institution	Address
BANK OF THE VALLEY FIRST NEBRASKA BANK	1855 N 4th St, David City, NE 68632 124 N Madison St, Brainard, NE 68626

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

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(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.

401K

BRAINARD LOT 5 BLK 7 1ST ADD (PROMISSORY NOTE)

17 14 4 PT NW 1/4, 2.3 ACRES MORE OR LESS

BRAINARD PT NW1/4NW1/4 (.22) & SW1/4NW1/4 (.12) 17 14 4 .34 (SUBJECT TO A LIFE ESTATE)

17 14 4 PT NW1/4NW1/4(TL 25) .32 AC (SUBJECT TO A LIFE ESTATE)

17-14-4 PT NW1/4NW1/4 .72 AC(tax ID 120028145) (SUBJECT TO A LIFE ESTATE)

17 14 4 PT NW1/4NW1/4(TL 24,PT TL 25) 1.44 AC (SUBJECT TO A LIFE ESTATE)

17 14 4 PT NW1/4NW1/4(TL 26) 1 AC (SUBJECT TO A LIFE ESTATE)

17 14 4 PT NW1/4NW1/4(TL 27 & 28) 1.27 AC (SUBJECT TO A LIFE ESTATE)

17 14 4 PT SE1/4NW1/4,PT NE1/4NW1/4 TL 27 44.43 AC (SUBJECT TO A LIFE ESTATE)

14 14 4 NW1/4NE1/4,E1/2NW1/4 120 AC (SUBJECT TO A LIFE ESTATE)

STATE FARM LIFE INSURANCE CO. (CASH VALUE LIFE INSURANCE)

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

ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)
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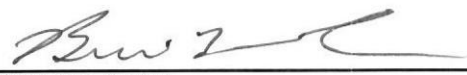
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
N/A		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

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.

ITEM 12	SIGNATURE OF FILER AND DATE.
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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.

	2-13-2021
(Signature of Filer)	(Date)