

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">2/2/21</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px; vertical-align: top; padding: 5px;"> 2021 FEB 10 11:00 AM </td> </tr> </table>	POSTMARK DATE	2/2/21	MICROFILM NUMBER		OFFICE USE ONLY		2021 FEB 10 11:00 AM	
POSTMARK DATE	2/2/21									
MICROFILM NUMBER										
OFFICE USE ONLY										
2021 FEB 10 11:00 AM										
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 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	RADA	ROGER	J.	Telephone No.	402-826-0237
	LAST	FIRST	MIDDLE		
Address	561 COUNTY ROAD S			TOBIAS	NE 68453
	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 IB 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 DIRECTORS
	Term: 2017 2022
	BEGINS ENDS
Name of City, County, District, or State Agency:	NORRIS PUBLIC POWER DISTRICT

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.) | 1. USDA FARM PROGRAM PAYMENTS |
| | 2. NORRIS PUBLIC POWER DISTRICT--DIRECTOR |
| | 606 IRVING ST. BEATRICE, NE. |
| 2.) | 3. ROGER J. RADA FARM |
| | SELF EMPLOYED FARMING IN SALINE COUNTY, NE. |
| 3.) | 4. FARMERS COOPERATIVE CO. |
| | DORCHESTER, NE |
| | GRAIN SALES AND PATRONAGE DIVIDENDS |
| 4.) | 5. EDWARD JONES, BEATRICE, NE. |
| | BOND INCOME & STOCKS & INTEREST |

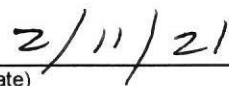
- | | |
|------|---|
| 1a.) | 6. WELLS FARGO BANK |
| | BOND INCOME & MUTUAL FUNDS & INTEREST |
| | 7. T.D. AMERITRADE OMAHA, NE. M.M.ACCT & STOCKS |
| 2a.) | 8. VANGUARD VALLEY FORGE, PA. MUTUAL FUNDS & CDS |
| | 9. T. ROWE PRICE BALTIMORE MD. MUTUAL FUNDS |
| | 10. AMERITAS INVEST. CO. LINCOLN, NE , MUNI-BONDS |
| 3a.) | 11. SOCIAL SECURITY ADMIN. DEPT OF THE TREASURY--IRS |
| | 12. ATHENE DES MOINES, IOWA IRA |
| 4a.) | 13. WESTERN FRATERNAL LIFE ASSOC CEDAR RAPIDS, IOWA IRA |
| | 14.FLINT HILLS RESOURCES, FAIRMONT, NE GRAIN SALES |

*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.) | SALINE COUNTY HISTORICAL SOCIETY | 1a.) | BOARD OF DIRECTORS |
| | Dorchester, Ne | | |
| 2.) | TOBIAS CEMETERY BOARD | 2a.) | BOARD OF DIRECTORS |
| | Tobias, NE | | |
| 3.) | HOUSE IN SUN LAKES, AZ | 3a.) | RESIDENTIAL--RENTAL |
| | Sun Lakes, AZ | | |
| 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.)	
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)
NE 1/4 SEC 2-5-1, NW 1/4 SEC 17-5-2, NW 1/4 SEC 1-5-1,		AGRICULTURE
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
VANGUARD GROUP-BROKERAGE ACCTS		VALLEY FORGE, PA
HEARTLAND. BANK		P.O. BOX 220 DAYKIN, NE 68338
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.		
PERRIGO CO.; PROTHENA CO.; ; MET LIFE CO; ENERGY SELECT INDEX-ETF; NE COOP REPUB PLATTE, PAPILLION NE WTR, OMAHA PPD , DOUGLAS CO. HOSPITAL , OMAHA, NE CONV HOTEL CORP, LANCASTER CNTY, NE. HOSP. , SOUTHERN NE PUB PWR DIST. , CENTRAL CMNTY COLL FACS CORP. BONDS. AMERITUS INVESTMENT CORP-- VARIOUS MUNICIPAL BONDS.-- DOUGLAS CNTY SIDS #, 399, ,504, 472,490,492, 405, 476, 473,394, 196, 434,469,512,555,514,505,455,,495,439,466, 508, 530., 441.442 SARPY CNTY SIDS #264, 180, 209,210, 217, 177, 192, 233, 250, 261, 263,251,238,176,258,246,171,272,207, 297, 301, 278, 274. 223 CASS COUNTY SID # 5 BONDS SALE OF FARM GROUND IN 2015 2-80S T. ROWE PRICE: CAPITAL APPREC; MID-CAP GROWTH; BLUE CHIP GROWTH; NEW HORIZONS;GNEMAE & HEALTH SCIENCES; FUNDS. VANGUARD; WELLINGTON; HEALTH CARE; ; WELLESLEY; PRIME M.M.; PRIME CAP, 500 INDEX, FED M.M. BROKERAGE ACCT, EQUITY INCOME, CAPITAL GROWTH TOTAL STOCK MARKET-- FUNDS. FIDELITY SMALL CAP GROWTH FUND; ASSURITY INS CO. LINCOLN, NE; THE RESERVE M.M. FUND; ; HITCHCOCK COUNTY SCHOOL DIST.#0070; OMAHA CONV CTR.; NE EDL FIN AUTH; CLARKSON COLLEGE PROJ; GAGE COUNTY #1 HOSPITAL; HASTINGS, NE ELECT SYS.; PERENNIAL PPD.; LINCOLN COUNTY NE. HOSPITAL; LINCOLN, NE EDL FACILITY; CENTRAL PLAINS ENERGY--BONDS-- UPPER REPUB. NRD, NE. PPD., APPLE INC., MEAN ELECTRIC, MCCOOK UTILITIES, FALLS CITY UTILITIES, HUMPHREY SWR, DAWSON PPD, UNI. OF NE, LANCASTER CTY HEALTH CARE, ASHLAND SWR, KEARNEY VAR PURP, OGALLALA HWY, BATTLE CREEK NSG, AXTELL, NE, PAWNEE CITY, NE WTR, BLAIR, NE VAR, MCCOOK, NE. PPD, BUFFALO CTY SCH, IMPERIAL CTY VAR. NE COOP PLATTE, NE INVT FIN AUTH, CEDAR CTY NE SD, TRUMBELL NE FD BD		
(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.		

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	
NONE			
ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)		
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
Omaha Hunting Group	Retired	B	Voluntary, not required gift for hunting privileges
		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.		
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.			
 			
(Signature of Filer)		(Date)	