

|                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |         |                     |  |                 |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|---------------------|--|-----------------|--|--|--|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>1225 L St., Suite 400<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522<br>www.nadc.nebraska.gov | <h1 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h1> <h2 style="margin: 10px 0 0 0;">NADC FORM C-1</h2> | <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;">2/25/21</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: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px;"></td> </tr> </table> | POSTMARK<br>DATE | 2/25/21 | MICROFILM<br>NUMBER |  | OFFICE USE ONLY |  |  |  |
| POSTMARK<br>DATE                                                                                                                                                            | 2/25/21                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |         |                     |  |                 |  |  |  |
| MICROFILM<br>NUMBER                                                                                                                                                         |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |         |                     |  |                 |  |  |  |
| OFFICE USE ONLY                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |         |                     |  |                 |  |  |  |
|                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |         |                     |  |                 |  |  |  |
| BEFORE COMPLETING<br>READ FILING REQUIREMENTS                                                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |         |                     |  |                 |  |  |  |

- Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (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.

|               |                                            |
|---------------|--------------------------------------------|
| <b>ITEM 1</b> | <b>YOUR NAME, ADDRESS AND PHONE NUMBER</b> |
|---------------|--------------------------------------------|

|         |                               |              |          |                |                     |
|---------|-------------------------------|--------------|----------|----------------|---------------------|
| Name    | <u>Kleensang</u>              | <u>Randy</u> | <u>L</u> | Telephone No.  | <u>402-565-4567</u> |
|         | LAST                          | FIRST        | MIDDLE   |                |                     |
| Address | <u>85125 559th Ave</u>        |              |          | <u>Hoskins</u> | <u>NE 68740</u>     |
|         | STREET ADDRESS OR RURAL ROUTE |              |          | CITY           | STATE ZIP CODE      |

|               |                                                    |
|---------------|----------------------------------------------------|
| <b>ITEM 2</b> | <b>OCCASION FOR FILING (Check Appropriate Box)</b> |
|---------------|----------------------------------------------------|

|                                                                                      |                                                                |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <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 |

|               |                                                                                                                             |
|---------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>ITEM 3</b> | <b>OFFICE HELD &amp; TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)</b> |
|---------------|-----------------------------------------------------------------------------------------------------------------------------|

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: Noxious Weed Board Term: Jan 2021 Jan 2025

BEGINS                  ENDS

Name of City, County, District, or State Agency: Wayne County

|               |                                                                |
|---------------|----------------------------------------------------------------|
| <b>ITEM 4</b> | <b>OFFICE SOUGHT (Candidates only. See 1A of instructions)</b> |
|---------------|----------------------------------------------------------------|

List the office sought which requires this filing.

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

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

|               |                                         |
|---------------|-----------------------------------------|
| <b>ITEM 5</b> | <b>PERIOD COVERED BY THIS STATEMENT</b> |
|---------------|-----------------------------------------|

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)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ITEM 6 SOURCES OF INCOME OF OVER \$1,000</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 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. |
| <b>List your Government position if you were paid more than \$1,000.</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                        |
| 1.) Farming                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1a.) Self-Employed                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 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.                                                                                                                                                                                                        |                                                                                                                                                                                        |
| <b>ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
| 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 <b>not</b> report business associations which are otherwise listed under Item 6. |                                                                                                                                                                                        |
| Name and Address of Business or Organization.                                                                                                                                                                                                                                                                                                                                                                                                          | Nature of Association                                                                                                                                                                  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                        |
| 1.) Trinity Lutheran Church<br>Hoskins, NE 68740                                                                                                                                                                                                                                                                                                                                                                                                       | 1a.) Trustee                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 2.) Hoskins Rural Fire Board<br>Hoskins, NE 68740                                                                                                                                                                                                                                                                                                                                                                                                      | 2a.) Secretary                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 4.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 5.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 6.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 7.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |

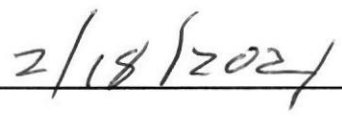
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>ITEM 8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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.)</b>                           |                                                                                           |
| <p>List all real property in Nebraska 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 <b>not</b> report real property 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.</p>                                                                                                                                             |                                                                                                                                                                              |                                                                                           |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental) |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| SE 1/4 6-25-1<br>S 1/2 NE 1/4 & E 1/2 SE 1/4 4-25-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                              | Agricultural                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
| <b>ITEM 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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</b> |                                                                                           |
| (a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Financial Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              | Address                                                                                   |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Elkhorn Valley Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                              | 112 S Main St., Hoskins, NE 68740                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
| (b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| 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 <b>not</b> 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 <b>primarily</b> for sale or exchange. |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Nebraska Employees County Retirement<br>Thrivent<br>Roth IRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                              |                                                                                           |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------|--|
| <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 |  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                     |                                                                                                              |         |  |
| None                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |         |  |

|                                                  |                                                                                                                                                         |                               |                                                            |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------|
| <b>ITEM 11</b>                                   | <b>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</b> |                               |                                                            |
| 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 |
| <b>If you have nothing to report, write NONE</b> |                                                                                                                                                         |                               |                                                            |
| None                                             |                                                                                                                                                         | 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.

|                                                                                                                                                             |                                     |                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|--|
| <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. |                                     |                                                                                      |  |
|                                                                          |                                     |  |  |
| (Signature of Filer)                                                                                                                                        |                                     | (Date)                                                                               |  |

**Criminal Penalties:** Any person who files a statement knowing that information is false shall be guilty of a Class IV Felony, See §49-14,134, Nebraska Revised Statutes.