

NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
1225 L St., Suite 400
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
www.nadc.nebraska.gov

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

NADC FORM C-1

POSTMARK
DATE

2/25/21

MICROFILM
NUMBER

OFFICE USE ONLY

- 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.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name Bandur Thomas Edwin Telephone No. 308-750-8186
LAST FIRST MIDDLE
Address 210 N 1st Street Loup City NE 68853
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: Commissioner Term: 1-19 1-22
BEGINS ENDS

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

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 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.) | Sherman County | 1a.) | Wage |
| | Loup City NE 68853 | | |
| 2.) | Noahs Ark Processing | 2a.) | Cattle Sales |
| | | | |
| 3.) | Green Plains | 3a.) | Ag Crop Sales |
| | Ord, NE | | |
| 4.) | Green Plains | 4a.) | Ag Crop Sales |
| | Wood River, NE | | |

*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.) | Bandur Farms LLC | 1a.) | member |
| | PO Box 297 | | |
| | Loup City NE 68853 | | |
| 2.) | Innovative Crop Services LLC | 2a.) | Member |
| | PO Box 297 | | |
| | Loup City NE 68853 | | |
| 3.) | Colonel Shop Inc. | 3a.) | Director / President |
| | PO Box 297 | | |
| | Loup City NE 68853 | | |
| 4.) | Loup City Futures Inc | 4a.) | President / Shareholder |
| | PO Box 36 | | |
| | Loup City NE 68853 | | |
| 5.) | Loup City Development Corp | 5a.) | Board Member / Shareholder |
| | Loup City NE 68853 | | |
| 6.) | Region 26 | 6a.) | Council Member |
| | PO Box B | | |
| | Taylor, NE 68879 | | |
| 7.) | Sherman County Economic Dev. | 7a.) | Director |
| | Loup City, NE 68853 | | |

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List your Government position if you were paid more than \$1,000.	
1.) Cargill	1a.) Ag Crop Sales
2.) Sweatwater Cattle Co. Kearney, NE	2a.) Ag Crop Sales
3.) Loup City Livestock Loup City, NE	3a.) Cattle Sales
4.) Trotter Grain Loup City NE	4a.) Ag Crop Sales
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Name and Address of Business or Organization.	Nature of Association
If you have nothing to report, write NONE	
1.) Loup Central Landfill 1152. Hwy 11 Elba, NE 68835	1a.) Director
2.) South Central Agency on Aging 620 E 25th St. Suite 12 Kearney, NE 68847	2a.) Board Member
3.) Sherman County Senior Center 0 Street Loup City, NE 68853	3a.) Board Member
4.) Loup Basin RC'D Council 1330 South Hwy 11 Burwell, NE 68823	4a.) Treasure - Board Member
5.)	5a.)
6.)	6a.)
7.)	7a.)

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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.) Sygenta

1a.) Ag

2.) Diversified Crop

2a.) Insurance Proceeds

3.) FSA

3a.) Farm Program

4.) Nationwide

4a.) Insurance Settlement

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Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE

1.)

1a.)

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)

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List your Government position if you were paid more than \$1,000.1.) State of NE1a.) Grant2.) SBA2a.) PPP / Loan

3.)

3a.)

4.)

4a.)

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Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE

1.)

1a.)

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)

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

Location of Property (Description or Address)	Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
If you have nothing to report, write NONE	
N 1/2 7-16-13 305 AC Oak Creek	Agricultural
NE 1/4 7-15-14 156 AC L.L. Twp	Agricultural
PT NW 1/4 12-15-14 144 AC LC Twp	Agricultural
D 15 14 Pt BIK 29 D.T. 15.28 Lts LLL	Commercial / Ag
D 15 14 Pt BIK 29 D.T. 7.72 Lts LLL	Commercial / Ag
E 1/2 12-16-14 320 AC Logan	Agricultural
SW 1/2 Section 30 Twp 15N R. 15W AC 314	Agricultural

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
If you have nothing to report, write NONE	
Adam County Bank	Box 149 Kenesaw NE 68456
Ashton State Bank	Box 147 Ashton NE 68817
Heritage Bank	Box 329 Loup City NE 68853
Citizens Bank	Box 624 Loup City NE 68853

(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

AG Edwards	NPERS
Wells Fargo	Amerprise

(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	
NPERS	Principal Financial
State Farm 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
If you have nothing to report, write NONE	
Trotters Inc. Aurora Coop.	Box 546 Loup City, NE 68853 P.O. Box 209 Aurora, NE 68818

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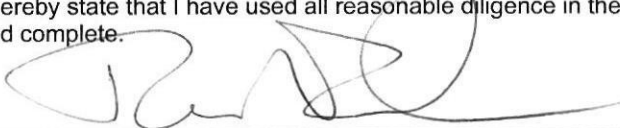
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value: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

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.

	2/23/21
(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.