

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

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	Ward	James	Boone	Telephone No.	402-376-6614
	LAST	FIRST	MIDDLE		
Address	520 N Main St.		Valentine	NE	69201
	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:	2019	2022
			BEGINS	ENDS

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

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
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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)

Revised January 2018

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.

5.) Sokol Land LLC	1a.) Realestate Rental - Member Manager
230 S Government St.	
Valentine, NE 69201	

6.)	2a.)

7.)	3a.)

8.)	4a.)

*NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY, OPERATION OF OR PARTICIPATION IN A PROPRIETORSHIP, PARTNERSHIP, CORPORATION OR OTHER PERSON, LIST THE SAME AS THE SOURCE OF INCOME, BUT NOT THE PATRONS, CUSTOMERS, PATIENTS, OR CLIENTS THEREOF.

ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED 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

8.) J.A.T.C.O. LLC	1a.) Member Manager
230 S. Government St.	
Valentine, NE 69201	

9.)	2a.)

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

- | | |
|--|--|
| 1.) Panda Transportation Inc
230 S Government St.
Valentine, NE 69201 | 1a.) Transportation Services - Management - Driver |
| 2.) Heart City Plumbing & Heating LLC
230 S Government St.
Valentine, NE 69201 | 2a.) Plumbing & HVAC - member manager |
| 3.) Heart City Land LLC
230 S Government St.
Valentine, NE 69201 | 3a.) Realestate rental - member manager |
| 4.) Ward Properties LLC
230 S Government St
Valentine, NE 69201 | 4a.) Realestate rental - member manager |

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Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE

- | | |
|---|---------------------|
| 1.) Cherry Co. Hospital Foundation
PO Box 410
Valentine, NE 69201 | 1a.) Board Member |
| 2.) Sokol Land LLC
230 S Government St.
Valentine, NE 69201 | 2a.) Member Manager |
| 3.) Heart City Plumbing & Heating LLC | 3a.) Member Manager |

230 S Government St.

Valentine, NE 69201

4.) Heart City Land LLC

4a.) Member Manager

230 S Government St.

Valentine, NE 69201

5.) Ward Properties LLC

5a.) Member Manager

230 S Government St.

Valentine, NE 69201

6.) Panda Transportation Inc.

6a.) Shareholder and Agent

230 S Government St.

Valentine, NE 69201

7.) Heart City Lock & Key LLC

7a.) Agent

230 S Government St.

Valentine, NE 69201

ITEM 8

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

List all real property in 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

520 N. Main St., Valentine, NE 69201

831 W. 3rd St., Valentine, NE 69201

90235 Nollett Rd., Valentine, NE 69201

Residential

Residential

Residential

ITEM 9

OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD

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

Financial Institution

Address

If you have nothing to report, write NONE

Security First Bank - Valentine

253 N Main St., Valentine, NE 69201

Wells Fargo Bank - Valentine

105 N Main St., Valentine, NE 69201

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

If you have nothing to report, write NONE

NONE

(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do **not** include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange.

If you have nothing to report, write NONE

Edward Jones - IRA

ITEM 10

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

Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need not be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need not be reported.

Name

Address

If you have nothing to report, write NONE

NONE

ITEM 11

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

Name and address of Donor

Occupation or nature of
business of DonorValue of Gift
(See Key Below)Description of Gift and
Circumstances or
Occasion for Gift

If you have nothing to report, write NONE

NONE

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)

02/27/2021