

State of Nebraska
Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
www.nadc.nebraska.gov



Centre Terrace, 1225 L St. #400
Phone (402) 471-2522
Fax (402) 471-6599

April 16, 2021

Glenn A. Clark
1000 South 1st Avenue
Broken Bow, Nebraska 68822

Dear Mr. Clark:

This office has received your Statement of Financial Interests (Form C-1). The Signature of Filer and Date has been left blank. A copy is enclosed.

Please fill out this form completely, sign, date and return to this office.

If you have any questions, please feel free to contact this office.

Sincerely,

Frank J. Daley, Jr.
Executive Director

FJD/si

Enclosures

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 96086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov BEFORE COMPLETING READ FILING REQUIREMENTS	STATEMENT OF FINANCIAL INTERESTS <i>Amended</i> 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%; padding: 2px;">FAX 4-2021</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">2021 APR 12 AM 9:00</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">AMENDMENT 4/20/2021</td> </tr> </table>	POSTMARK DATE	FAX 4-2021	MICROFILM NUMBER		OFFICE USE ONLY		2021 APR 12 AM 9:00		AMENDMENT 4/20/2021	
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- 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 reported 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	Clark / Glenn A. Telephone No. 308-870-2445
	LAST FIRST MIDDLE
Address	1000 South 1st Avenue Broken Bow NE 68822
	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: Blaine County Attorney Term: 1-2019 to 1-2023
	Name of City, County, District, or State Agency: Blaine County Attorney

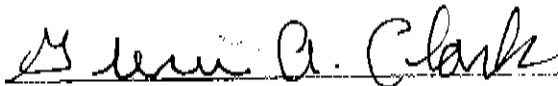
ITEM 4	OFFICE SOUGHT (Candidates only. See 1A of Instructions)
	List the office sought which requires this filing.
	Office: _____
	Name of City, County, District, or State Office: _____

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 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			
N/A			

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 Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
N/A		Choose Value:	
		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.
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)	4-20-2021 (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.