

Daley, Frank J Jr

From: Michael Kotopka <mikekotopka@gmail.com>
Sent: Thursday, January 14, 2021 3:10 PM
To: Daley, Frank J Jr
Subject: Omission on Statement of Financial Interests

Hello Mr. Daley,

I inadvertently left item #5 blank. I did intend to indicate that the year in question was 2020.

Thank you for bringing this to my attention.

Sincerely,
Michael Kotopka



2021 JAN 14 PM 3:38
Michael Kotopka

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

January 12, 2021

Michael Kotopka
1030 Aldrich Road
Lincoln, NE 68510

Dear Mr. Kotopka:

Your Statement of Financial Interests filed with this office contains an error or an omission.

Your Position: Member, Nebraska Board of Health

Date of Filing: January 11, 2021

Error or Omission: Item 5 of your statement was left blank. Your statement should cover 2020, the preceding calendar year.

Action Required: a) Notify this office by letter or email (frank.daley@nebraska.gov) that your statement was intended by you to cover calendar year 2020; OR b) fill in the correct calendar year at Item 5 on the enclosed partial copy of your statement and return it to this office.

If your statement as filed does not accurately reflect your financial interests during 2020, you should file a new statement disclosing the correct information.

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

Sincerely,



Frank J. Daley, Jr.
Executive Director

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">1/9/21</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px; vertical-align: bottom; padding: 10px;"> NF 25 </td> </tr> </table>	POSTMARK DATE	1/9/21	MICROFILM NUMBER		OFFICE USE ONLY		NF 25	
POSTMARK DATE	1/9/21									
MICROFILM NUMBER										
OFFICE USE ONLY										
NF 25										
BEFORE COMPLETING 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.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name	Kotopka Michael S.		Telephone No. (402) 580-0154
	LAST FIRST MIDDLE		
Address	1030 Aldrich Rd	Lincoln	NE 68510
	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 IB of instructions)

List the office or position you currently hold which requires this filing. If you have left office, list the office you held.

Office or Position: Member, Board of Health Term: 12/21/2020 8/1/2024

BEGINS ENDS

Name of City, County, District, or State Agency: Nebraska Board of Health

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, _____

☐ 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.) Williamsburg Dental LLC 1a.) business that I own, place of
Mailing: 6930 L St. Lincoln, NE 68510 employment

2.) K&K Coffee LLC 2a.) Real Estate
Mailing: 6930 L St, Lincoln, NE 68510

3.) Crete Family Dental 3a.) Dental Office
Mailing: 6930 L St, Lincoln, NE 68510

4.) Jade Properties 4a.) Real Estate
6930 L St. Lincoln, NE 68510

5.) Pillar Restaurants 5.) Restaurant
6 - Ben Kotopka loan payment

*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.) GOOGL, QQQ, LMND, MSFT, SFI 1a.) Stockholder
MEMS, AMZN, TMFC, EV, JPM,
FVRR, GS, SPY, DFS, ABBV,

2.) ASML, XLE, BRKB, STLD, ZBRA 2a.) "
VZ, WMT, MND, KDA, DDOG,
FB, COUP, KHC, NLY, DAI, FURB,

3.) BP, VRRB, TSLA, TRBCX, QQQ, 3a.) "
SPY, VGT, WHT, VOO, XEP

4.) FDRXX, BOTSX, DFESX, DFTX, DFUV 4a.) "
DEVIX, DFWIX, DISRX, DTMIX

5.) DFA Funds: Emerging market core equity, 5a.) "
5-yr global fixed income, inflation protected
securities, International Real estate,

6.) DFA Funds: International small cap value, 6a.) "
International small company, US Small Cap,
US targeted value, US international value III,

7.) DFA: US large cap value III, 7a.) "
Vanguard 500 index admiral,
Vanguard real estate admiral

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

None

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

Union Bank and Trust

13th + O, Lincoln, NE 68522

NBC Bank

6000 Village Dr. Lincoln, NE
68516

TD Ameritrade

200 S. 103rd Avenue
Omaha, NE 68154

(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

Student loan owed by Ben Kotopka
Student loan owed by Rose Kotopka

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	
Joseph Harrigan	6415 Chesterfield Ct. Lincoln, NE 68510

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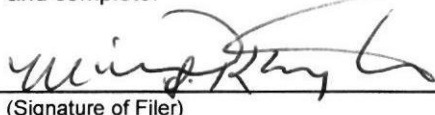
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value: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



1/9/2021

(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.