

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol 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%;"></td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td></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 DATE		MICROFILM NUMBER		OFFICE USE ONLY			
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BEFORE COMPLETING READ FILING REQUIREMENTS										

- Candidates for designated offices and holders of designated offices and positions must file this statement. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file with the Commission and with the appropriate election official (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	<u>Lewandowski</u>	<u>Adrian</u>	<u>J.</u>	Telephone No.	<u>308 745-0151</u>
	LAST	FIRST	MIDDLE		
Address	<u>47763 790th Rd</u>			<u>Loup City</u>	<u>NE 68853</u>
	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: Director Term: 1-1-21 - 12-31-27

BEGINS ENDS

Name of City, County, District, or State Agency: Middle Loup Public Power and Irrigation District

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.) Lewandowski Farms Inc.
77894 South River Road
Rockville, NE 68871

1a.) Crop Farm
Farm Labor/Vice President of Corp.

2.) Highland Stock Farm, LLP
77894 South River Road
Rockville, NE 68871

2a.) Livestock Farm
General Labor
Partner

3.) Lew Ag, Inc.
47763 790th Rd
Loup City, NE 68853

3a.) Crop Farm
Farm Labor/President

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.

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.) Aurora Coop
605 12th Street
Aurora, NE 68818

1a.) Stock holder

2.) Farmers Coop of Ravenna
35885 Ravenna Rd
Ravenna, NE 68869

2a.) Stock holder

3.) _____

3a.) _____

4.) _____

4a.) _____

5.) _____

5a.) _____

6.) _____

6a.) _____

7.) _____

7a.) _____

a Employee's social security no. 507-17-3143		b Employer identification number (EIN) 47-6000270		OMB No. 1545-0048	
c Employer's name, address, and ZIP code MIDDLE LOUP PUBLIC POWER & IRRIGATION DISTRICT BOX 37 ARCADIA, NE 68815-0037				1 Wages, tips, other compensation 720.00 2 Federal income tax withheld 0.00	
				3 Social security wages 720.00 4 Social security tax withheld 44.64	
				5 Medicare wages and tips 720.00 6 Medicare tax withheld 10.44	
d Control number					
e Employee's name, address, and ZIP code ADRIAN J LEWANDOWSKI 47763 790TH ROAD LOUP CITY, NE 68853					
15 State Employer's state ID number NE 0769053		16 State wages, tips, etc. 720.00		17 State income tax 0.00	

See instructions for Form 941 and Form 941-ESS. This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

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NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
11th Floor, State Capitol
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
www.nadc.nebraska.gov

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

AMEND
NADC FORM C-1

POSTMARK
DATE

MICROFILM
NUMBER

OFFICE USE ONLY

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ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name Lewandowski Adrian J. Telephone No. 308 745-0151
LAST FIRST MIDDLE
Address 47763 790th Rd 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
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☒ This statement covers the preceding calendar year January 1 through December 31, 2021

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(DATE YOU LEFT OFFICE OR POSITION)

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 23, 2021

Adrian Lewandowski
47763 790th Rd
Loup City, NE 68853

Dear Mr. Lewandowski:

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

Your Position: Director, Middle Loup Power & Irrigation District

Date of Filing: April 22, 2021

Error or Omission: 1) Item 5 of your statement shows it covers 2021. Your statement should cover 2020, the preceding calendar year; 2) Items 6 does not disclose your income as a member of the Board.

Action Required: a) Fill in the correct calendar year at Item 5; b) Enter MLPID as a source of income under Item 6.

Please make the required changes on the enclosed copy and return 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

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General Labor
Partner

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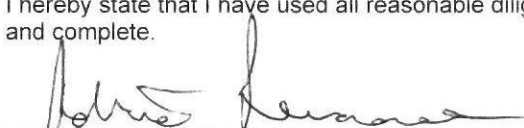
7a.) _____

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.)	
List all real property 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 estate 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		
s 1/2 sec 10 T15 R14 Loup City twp (+/- 330ac.) w 1/2 sec 1 T14N R14W Loup City twp (+/- 320ac.)		agricultural pasture / personal residence 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	
(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		
Heritage Bank Farm Credit Services		734 O Street Loup City, NE 68853 535 S 10th Ave. Broken Bow, Ne 68822
(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		

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		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 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:	
None		Choose Value:	
None		Choose Value:	
None		Choose Value:	
None		Choose Value:	
None		Choose Value:	
None		Choose Value:	
None		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.			
		4-20-2021	
(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.

None