

FAX COVER SHEET

TO: 4024716599
FROM: 4023677488
DATE SENT: 05/03/2021 08:53:55 AM CDT
RE: FW: Scanned image from Butler County Courthouse - Human Resources

COVER MESSAGE

-----Original Message-----

From: Butler County <scanner@butlercountyne.net>

Sent: Monday, May 3, 2021 7:47 AM

To: Heidi Loges <hloges@butlercountyne.net>

Subject: Scanned image from Butler County Courthouse – Human Resources

Reply to: Scanner <scanner@butlercountyne.net> Device Name: Butler County Courthouse – Human Resources Device

Model: MX-C304W

Location: David City, Ne

File Format: PDF MMR(G4)

Resolution: 200dpi x 200dpi

Attached file is scanned image in PDF format.

Use Acrobat(R)Reader(R) or Adobe(R)Reader(R) of Adobe Systems Incorporated to view the document.

Adobe(R)Reader(R) can be downloaded from the following URL:

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<http://www.adobe.com/>

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 <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%; text-align: center; padding: 2px;">4-21-21</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: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px; vertical-align: bottom; text-align: right; padding: 2px;">5</td> </tr> </table>	POSTMARK DATE	4-21-21	MICROFILM NUMBER		OFFICE USE ONLY		5	
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OFFICE USE ONLY										
5										

• 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 Svoboda Ryan J Telephone No. 402-641-5971

LAST FIRST MIDDLE

Address 1761 35 RD David City NE 68632

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: Butler County Supervisor District Ce Term: 1-1-21 12-31-24

BEGINS ENDS

Name of City, County, District, or State Agency: David City NE Butler District Ce

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)