

|                                                                                                                                                                    |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |         |                     |  |                 |  |   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|---------------------|--|-----------------|--|---|--|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>11 <sup>th</sup> Floor, State Capitol<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522 | <b>STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</b><br><i><del>Amended</del></i><br><b>NADC FORM C-1</b> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">4/22/24</td> </tr> <tr> <td style="padding: 2px;">MICROFILM<br/>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="height: 100px; vertical-align: top; padding: 2px;">5</td> </tr> </table> | POSTMARK<br>DATE | 4/22/24 | MICROFILM<br>NUMBER |  | OFFICE USE ONLY |  | 5 |  |
| POSTMARK<br>DATE                                                                                                                                                   | 4/22/24                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |         |                     |  |                 |  |   |  |
| MICROFILM<br>NUMBER                                                                                                                                                |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |         |                     |  |                 |  |   |  |
| OFFICE USE ONLY                                                                                                                                                    |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |         |                     |  |                 |  |   |  |
| 5                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |         |                     |  |                 |  |   |  |
| BEFORE COMPLETING<br>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 Hannon Francis Charles Sr Telephone No. 308-850-5900  
LAST FIRST MIDDLE

Address 1711 West Elm Island Rd Don-phan Neb 68832  
STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

**ITEM 2 OCCASION FOR FILING (Check Appropriate Box)**

- |                                                                                      |                                                                |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> A candidate for elective office                             | <input type="checkbox"/> Left office or position               |
| <input checked="" type="checkbox"/> Annual officeholder's or state employee's report | <input type="checkbox"/> 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: Chairman Board Term: 2021 2024  
BEGINS ENDS

Name of City, County, District, or State Agency: GI Hall Neb

**ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)**

List the office sought which requires this filing.

Office: Hall Co Weed Board

Name of City, County, District, or State Office: GI Hall Neb

**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, Jan 1 2020 Dec 31 2020 **FAH**

☐ Left office, this statement covers the period January 1, Jan 1 2021 to Still in Office  
(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.) Retired
- 2.)
- 3.)
- 4.)

- 1a.)
- 2a.)
- 3a.)
- 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.) None
- 2.)
- 3.)
- 4.)
- 5.)
- 6.)
- 7.)

- 1a.)
- 2a.)
- 3a.)
- 4a.)
- 5a.)
- 6a.)
- 7a.)