

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------|------|-------|--------|---------|-------------------------|--|--|--|-------------------------------|------|----------------|--|--|---------------------|-----------------|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>1225 L St., Suite 400<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522<br>www.nadc.nebraska.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <h1 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h1> <p style="margin-top: 20px;">NADC FORM C-1</p> | <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;">10/16/21</td> </tr> <tr> <td style="padding: 2px;">MICROFILM<br/>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: 5px;"> </td> </tr> </table> | POSTMARK<br>DATE                                         | 10/16/21                                         | MICROFILM<br>NUMBER                                                       |                                                                           | OFFICE USE ONLY |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10/16/21                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| MICROFILM<br>NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| BEFORE COMPLETING<br>READ FILING REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <ul style="list-style-type: none"> <li>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.</li> <li>Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions).</li> <li>Designated officeholders and holders of designated positions must file this statement with the Commission annually.</li> <li>Dollar values need not be report for any item, except Item 11.</li> <li>Persons who fail to file as required are subject to a civil penalty of up to \$2,000.</li> </ul>                                                                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <b>ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <table style="width: 100%;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 30%;"><u>GURCIULO ALEX</u></td> <td style="width: 30%;"><u>NICOLE</u></td> <td style="width: 30%;">Telephone No. <u>308-530-9480</u></td> </tr> <tr> <td></td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">FIRST</td> <td style="text-align: center;">MIDDLE</td> </tr> <tr> <td>Address</td> <td colspan="3"><u>710 SOUTH McCABE</u></td> </tr> <tr> <td></td> <td style="text-align: center;">STREET ADDRESS OR RURAL ROUTE</td> <td style="text-align: center;">CITY</td> <td style="text-align: center;">STATE ZIP CODE</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><u>NORTH PLATTE</u></td> <td style="text-align: center;"><u>NE 69101</u></td> </tr> </table> |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name                                                     | <u>GURCIULO ALEX</u>                             | <u>NICOLE</u>                                                             | Telephone No. <u>308-530-9480</u>                                         |                 | LAST | FIRST | MIDDLE | Address | <u>710 SOUTH McCABE</u> |  |  |  | STREET ADDRESS OR RURAL ROUTE | CITY | STATE ZIP CODE |  |  | <u>NORTH PLATTE</u> | <u>NE 69101</u> |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>GURCIULO ALEX</u>                                                                                                    | <u>NICOLE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Telephone No. <u>308-530-9480</u>                        |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LAST                                                                                                                    | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MIDDLE                                                   |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>710 SOUTH McCABE</u>                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS OR RURAL ROUTE                                                                                           | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE ZIP CODE                                           |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         | <u>NORTH PLATTE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>NE 69101</u>                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <b>ITEM 2 OCCASION FOR FILING (Check Appropriate Box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <table style="width: 100%;"> <tr> <td><input type="checkbox"/> A candidate for elective office</td> <td><input type="checkbox"/> Left office or position</td> </tr> <tr> <td><input type="checkbox"/> Annual officeholder's or state employee's report</td> <td><input checked="" type="checkbox"/> Newly appointed to office or position</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> A candidate for elective office | <input type="checkbox"/> Left office or position | <input type="checkbox"/> Annual officeholder's or state employee's report | <input checked="" type="checkbox"/> Newly appointed to office or position |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <input type="checkbox"/> A candidate for elective office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Left office or position                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <input type="checkbox"/> Annual officeholder's or state employee's report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Newly appointed to office or position                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <b>ITEM 3 OFFICE HELD &amp; TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| List the office or position you currently hold which requires this filing. If you have left office, list the office you held.<br>Office or Position: <u>LINCOLN COUNTY TREASURER</u> Term: <u>9/24/2021</u> <u>1/2023</u><br><div style="text-align: right; margin-right: 50px;">BEGINS</div> <div style="text-align: right;">ENDS</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| Name of City, County, District, or State Agency: <u>LINCOLN COUNTY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <b>ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| List the office sought which requires this filing.<br>Office: _____<br><br>Name of City, County, District, or State Office: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <b>ITEM 5 PERIOD COVERED BY THIS STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <input checked="" type="checkbox"/> This statement covers the <b>preceding calendar year</b> January 1 through December 31, <u>2020</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |
| <input type="checkbox"/> Left office, this statement covers the period January 1, _____ to _____<br><div style="text-align: right;">(DATE YOU LEFT OFFICE OR POSITION)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                  |                                                                           |                                                                           |                 |      |       |        |         |                         |  |  |  |                               |      |                |  |  |                     |                 |

|        |                                   |
|--------|-----------------------------------|
| 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.) Manning & Associates  
1018 G Street  
Geneva, NE 68361

1a.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2.) Dohman Akerlund & Eddy  
1117 12<sup>TH</sup> Street  
Aurora, NE 68818

2a.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3a.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.) NONE

1a.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2a.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3a.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4a.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5a.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6.) \_\_\_\_\_  
\_\_\_\_\_

6a.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7.) \_\_\_\_\_  
\_\_\_\_\_

7a). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>ITEM 8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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.)</b>                           |                                                                                           |
| <p>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 <b>not</b> 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.</p>                                                                                                                                             |                                                                                                                                                                              |                                                                                           |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental) |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |
| <b>ITEM 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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</b> |                                                                                           |
| (a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Financial Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              | Address                                                                                   |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |
| (b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| 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 <b>not</b> 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 <b>primarily</b> for sale or exchange. |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>ITEM 10</b>                                                                                                                                                                                                                                                                                                                       | <b>CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.</b> |
| Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need <b>not</b> 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 <b>not</b> be reported. |                                                                                                              |
| Name                                                                                                                                                                                                                                                                                                                                 | Address                                                                                                      |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                     |                                                                                                              |
| Mohela                                                                                                                                                                                                                                                                                                                               | 633 Spirit Drive<br>Chesterfield, MO 63005                                                                   |
| Centris Bank                                                                                                                                                                                                                                                                                                                         | 902 S Jeffers<br>North Platte, NE 69101                                                                      |

|                                                  |                                                                                                                                                             |                                  |                                                                  |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------|
| <b>ITEM 11</b>                                   | <b>SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES.<br/>(See definitions) If you have nothing to report, write NONE</b> |                                  |                                                                  |
| Name and address of Donor                        | Occupation or nature of<br>business of Donor                                                                                                                | Value of Gift<br>(See Key Below) | Description of Gift and<br>Circumstances or<br>Occasion for Gift |
| <b>If you have nothing to report, write NONE</b> |                                                                                                                                                             |                                  |                                                                  |
| 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.

|                                                                                                                                                             |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>ITEM 12</b>                                                                                                                                              | <b>SIGNATURE OF FILER AND DATE.</b> |
| 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)                                                                                                                                        | (Date)                              |

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.

**If you have nothing to report, write NONE**

Centris Bank

| ITEM 11                                          | SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES.<br>(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<br>(See Key Below) | Description of Gift and Circumstances or Occasion for Gift |
| <b>If you have nothing to report, write NONE</b> |                                                                                                                                                     |                                  |                                                            |
| 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.

| Name and address of Donor | Occupation or nature of business of Donor | Value of Gift<br>(See Key Below) | Description of Gift and Circumstances or Occasion for Gift |
|---------------------------|-------------------------------------------|----------------------------------|------------------------------------------------------------|
|---------------------------|-------------------------------------------|----------------------------------|------------------------------------------------------------|

NONE

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:

|                                                                                                                                                                    |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>ITEM 12</b>                                                                                                                                                     | <b>SIGNATURE OF FILER AND DATE.</b> |
| <p>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.</p> |                                     |
| (Signature of Filer)                                                                                                                                               | (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.

(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.

|                                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |          |                     |  |                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|---------------------|--|-----------------|--|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>1225 L St., Suite 400<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522<br>www.nadc.nebraska.gov | <h1 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h1> <h2 style="margin: 10px 0 0 0;">NADC FORM C-1</h2> | <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;">10/26/21</td> </tr> <tr> <td style="padding: 2px;">MICROFILM<br/>NUMBER</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> </table> | POSTMARK<br>DATE | 10/26/21 | MICROFILM<br>NUMBER |  | OFFICE USE ONLY |  |
| POSTMARK<br>DATE                                                                                                                                                            | 10/26/21                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                |                  |          |                     |  |                 |  |
| MICROFILM<br>NUMBER                                                                                                                                                         |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |          |                     |  |                 |  |
| OFFICE USE ONLY                                                                                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                |                  |          |                     |  |                 |  |
| BEFORE COMPLETING<br>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    | <u>GURCIULO</u>     | LAST                          | <u>ALEX</u> | FIRST | <u>NICOLE</u>    | MIDDLE | Telephone No. | <u>308-530-9480</u> |
| Address | <u>710 S McCABE</u> | STREET ADDRESS OR RURAL ROUTE |             |       | <u>N. PLATTE</u> | CITY   |               | <u>NE 69101</u>     |
|         |                     |                               |             |       |                  | 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 type="checkbox"/> Annual officeholder's or state employee's report | <input checked="" 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: <u>LINCOLN COUNTY TREASURER</u> | Term: | <u>9/24/2021</u> | <u>1/2023</u> |
|                                                     |       | BEGINS           | ENDS          |

Name of City, County, District, or State Agency: LINCOLN COUNTY

**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, 2021 to 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.) N/A

1a.)

2.) Manning + Associates  
1018 G Street  
Genova, NE 68361

2a.)

3.) Dohman Akerlund + Eddy  
1117 12TH Street  
Aurora, NE 68818

3a.)

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.) N/ANONE

1a.)

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)

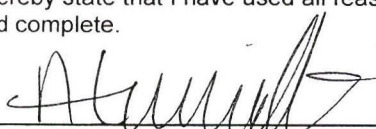
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>ITEM 8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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.)</b>                           |                                                                                           |
| <p>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 <b>not</b> 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.</p>                                                                                                                                             |                                                                                                                                                                              |                                                                                           |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental) |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |
| <b>ITEM 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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</b> |                                                                                           |
| (a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Financial Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              | Address                                                                                   |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |
| (b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| 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 <b>not</b> 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 <b>primarily</b> for sale or exchange. |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>ITEM 10</b>                                                                                                                                                                                                                                                                                                                       | <b>CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.</b> |                                                                                   |  |
| Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need <b>not</b> 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 <b>not</b> be reported. |                                                                                                              |                                                                                   |  |
| Name                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | Address                                                                           |  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                   |  |
| MOHELA<br>CENTRIS BANK                                                                                                                                                                                                                                                                                                               |                                                                                                              | 633 SPIRIT DRIVE, CHESTERFIELD, MO 63005<br>902 S JEFFERS, NORTH PLATTE, NE 69101 |  |

|                                                  |                                                                                                                                                         |                               |                                                            |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------|
| <b>ITEM 11</b>                                   | <b>SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)</b> 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 |
| <b>If you have nothing to report, write NONE</b> |                                                                                                                                                         |                               |                                                            |
| NONE                                             |                                                                                                                                                         | Choose Value:                 |                                                            |
|                                                  |                                                                                                                                                         | Choose Value:                 |                                                            |
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|                                                  |                                                                                                                                                         | 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.

|                                                                                                                                                             |                                     |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------|--|
| <b>ITEM 12</b>                                                                                                                                              | <b>SIGNATURE OF FILER AND DATE.</b> |            |  |
| 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. |                                     |            |  |
|                                                                          |                                     | 10/13/2021 |  |
| (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.

# 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

October 19, 2021

Alex Gurciullo  
710 S McCabe  
North Platte, NE 69101

Dear Mr. Gurciullo:

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

**Your Position:** Lincoln County Treasurer

**Date of Filing:** October 18, 2021

**Error or Omission:** 1) Item 5 of your statement shows it covers 2021. Your statement should cover 2020, the preceding calendar year; 2) Item 6 was marked "N/A"; 3) Item 7 was marked "N/A"; and 4) Item 11 was left blank.

**Action Required:** a) Fill in the correct calendar year at Item 5; b) In Item 6, list all sources of income of more than \$1,000 that you had in 2020. If you had no sources of income enter "none"; c) In Item 7 list all business associations that you had in 2020. If you had none, enter "none"; and d) List all gifts that you received in 2020 with a value of more than \$100, except gifts from a relative. If you have nothing to report, write "none".

**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

NEBRASKA  
ACCOUNTABILITY AND  
DISCLOSURE COMMISSION  
1225 L St., Suite 400  
P.O. Box 95086  
Lincoln, NE 68509  
(402) 471-2522  
www.nadc.nebraska.gov

BEFORE COMPLETING  
READ FILING REQUIREMENTS

# STATEMENT OF FINANCIAL INTERESTS

NADC FORM C-1

POSTMARK  
DATE

MICROFILM  
NUMBER

OFFICE USE ONLY

- 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 GURCINIO ALEX NICOLE Telephone No. 308-530-9480  
LAST FIRST MIDDLE  
Address 710 S McCABE N. PLATTE NE 69101  
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: LINCOLN COUNTY TREASURER Term: 9/24/2021 1/2023  
BEGINS ENDS

Name of City, County, District, or State Agency: LINCOLN COUNTY

## 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, 2021

☐ 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.) N/A

1a.)

2.)

2a.)

3.)

3a.)

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.) N/A

1a.)

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)

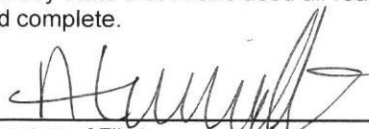
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>ITEM 8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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.)</b>                           |                                                                                           |
| <p>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 <b>not</b> 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.</p>                                                                                                                                             |                                                                                                                                                                              |                                                                                           |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental) |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |
| <b>ITEM 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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</b> |                                                                                           |
| (a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Financial Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              | Address                                                                                   |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |
| (b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| 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 <b>not</b> 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 <b>primarily</b> for sale or exchange. |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>ITEM 10</b>                                                                                                                                                                                                                                                                                                                       | <b>CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.</b> |                                                                                   |  |
| Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need <b>not</b> 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 <b>not</b> be reported. |                                                                                                              |                                                                                   |  |
| Name                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | Address                                                                           |  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                   |  |
| MOHELA<br>CENTRIS BANK                                                                                                                                                                                                                                                                                                               |                                                                                                              | 633 SPIRIT DRIVE, CHESTERFIELD, MO 63005<br>902 S JEFFERS, NORTH PLATTE, NE 69101 |  |

|                                                  |                                                                                                                                                         |                                  |                                                            |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|
| <b>ITEM 11</b>                                   | <b>SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)</b> If you have nothing to report, write NONE |                                  |                                                            |
| Name and address of Donor                        | Occupation or nature of business of Donor                                                                                                               | Value of Gift<br>(See Key Below) | Description of Gift and Circumstances or Occasion for Gift |
| <b>If you have nothing to report, write NONE</b> |                                                                                                                                                         |                                  |                                                            |
|                                                  |                                                                                                                                                         | 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.

|                                                                                                                                                             |                                     |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------|--|
| <b>ITEM 12</b>                                                                                                                                              | <b>SIGNATURE OF FILER AND DATE.</b> |            |  |
| 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. |                                     |            |  |
|                                                                          |                                     | 10/13/2021 |  |
| (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.