

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

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

NADC FORM C-1

POSTMARK
DATE

NONE

MICROFILM
NUMBER

RECEIVED
OFFICE USE ONLY

JAN 10 2022

NEBRASKA ACCOUNTABILITY
and
DISCLOSURE COMMISSION

- 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 reported 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 Bredthauer Karen Jo Telephone No. 308-382-2070
LAST FIRST MIDDLE
Address 940 S. North Rd Grand Island Nebraska 68803
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: Hall County Commissioner Term: 2021 2024
BEGINS ENDS

Name of City, County, District, or State Agency: Grand Island Hall 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.) Hall County Commissioner
Hall County Nebraska1a.) Hair Zone
3537 W 13th St #102
Grand Island, NE 68803

*Wage set By County Board

2.) Dennis Johnson
201 Howard Street
Camstock NE 68803
*Renter2a.) Partners in a salon
FINBO SAR PPP3.) Jack Vanslyke
80351 467th Ave
Ord, NE 68862-5376
*Renter

3a.)

4.) Steve Brinkhoff
4470 Ridgeway Dr
Loveland, CO 80538
*Renter

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.) Springdale LLC
940 S. North Rd
Grand Island, NE 68803
+Sole member

1a.)

2.) 2a.)

3.) 3a.)

4.) 4a.)

5.) 5a.)

6.) 6a.)

7.) 7a.)

ITEM 8

REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need not be reported.)

List all real property in Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need not report real property owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house and adjacent land used for house-hold purposes, such as lawns and gardens.

Location of Property
(Description or Address)

Nature of Property
(such as: agricultural, commercial, industrial, residential-rental)

If you have nothing to report, write NONE

~~Personal Residence~~ Farm ground
 Lots 4 & 5 1-16-16 Washington (Sherman County)
 N 1/2 NE 1/4 + NW 1/4 2-16-16 Washington (Sherman County)
 TWP 162 NE 5-18-16 Liberty (Valley County)
 TWP 179 SE 4 LESS IN L Canal 35-17-16 Arcadia (Valley County)
 TWP 179 L7 In SE 4; SE 4 SW 4 36-17-16 Arcadia (Valley County)
House
 Springdale Fourth Sub Lt 1

ITEM 9

OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD

(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.

Financial Institution

Address

If you have nothing to report, write NONE

First National Bank of Omaha
 CK 522394
 CK 540962
 CK 615908
 HSA 7427
 Pinnacle Bank Nebraska
 26000 01247
 200000 1216
 Five Points Bank
 95524286
 95481685

Great Western Bank 14392067
 Bank First 1745241
 First National Bank 141416
 First National Bank 498198 CK
 203444191 SV
 Five Points Bank

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

If you have nothing to report, write NONE

Principal Securities Inc 711 High Street Demines IA 50392-0061
 NE County EE Retirement Plan NAERS P.O. Box 94816 Lincoln NE 68509-4816
 Mass Mutual Financial Group P.O. Box 1583, Hartford CT 86144-1583

(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange.

If you have nothing to report, write NONE

Royal Neighbors of America 230 16th Street Rock Island IL 61201

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.
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Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need not be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need not be reported.

Name	Address
If you have nothing to report, write NONE	
NONE	

ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE
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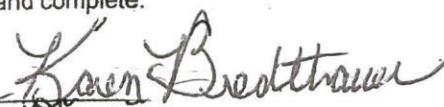
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
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		Choose Value:	
		Choose Value:	
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The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:

A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12	SIGNATURE OF FILER AND DATE.
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I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.


(Signature of Filer)

(Date)

12-31-21

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

December 29, 2021

Karen Bredthauer
940 S North Road
Grand Island, NE 68803

Dear Ms. Bredthauer:

Recently this office received your Statement of Financial Interests for calendar year 2021. Unfortunately, we cannot accept your filing for 2021 until after December 31, 2021.

I have enclosed a copy of your filing. After December 31st, please review it and update it as needed. You may then re-sign, redate and resubmit the copy to this office.

Item 11 was left blank. On your re-submitted filing, please be sure provide the required information. If you have nothing to report write "None".

Thank you for your consideration. If you have any questions, please feel free to contact me.

Sincerely,



Frank J. Daley, Jr.
Executive Director

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">12/20/21</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED DEC 29 2021 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	12/20/21	MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED DEC 29 2021 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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ITEM 1	YOUR NAME, ADDRESS AND PHONE NUMBER				
Name	LAST	FIRST	MIDDLE	Telephone No.	
	Bredthauer	Karen	Jo		308-390-1187 cell
Address	940 S. North Rd			Grand Island	Nebraska 68803
	STREET ADDRESS OR RURAL ROUTE			CITY	STATE ZIP CODE

ITEM 2	OCCASION FOR FILING (Check Appropriate Box)
☐ A candidate for elective office ☐ Left office or position	
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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>Hall County Commissioner</u>		Term: <u>2021</u> <u>2024</u>
		BEGINS ENDS
Name of City, County, District, or State Agency: <u>Grand Island</u>		<u>Hall County</u>

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
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1a.) Hair Zone
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2.) Dennis Johnson
201 Howard Street
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* Renter

2a.) FINBO SAB PPP
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Ord, NE 68862-5376
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4.) Steve Brinkhuis
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Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE

1.) Springdale LLC
940 S. North Rd
Grand Island, NE 68803
+Sole member

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(Description or Address)

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(such as: agricultural, commercial, industrial, residential-rental)

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 200000 1246
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 95524286
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Great Western Bank 14392067
 Bank First 1745241
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Name	Address
If you have nothing to report, write NONE	
None	

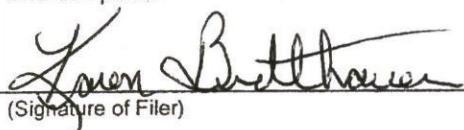
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Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
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 A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12	SIGNATURE OF FILER AND DATE.
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I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.

 (Signature of Filer)	12-25-21 (Date)
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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.