

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS 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;"> </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 FEB 03 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE		MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED FEB 03 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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- 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>BAUER</u>	<u>AMANDA</u>	L	Telephone No.	<u>402-984-3628</u>
	LAST	FIRST	MIDDLE		
Address	<u>828 RICHMOND AVENUE</u>			<u>HASTINGS</u>	<u>NE</u> <u>68901</u>
	STREET ADDRESS OR RURAL ROUTE			CITY	STATE ZIP CODE

ITEM 2 | OCCASION FOR FILING (Check Appropriate Box)

☒ A candidate for elective office	☐ Left office or position
☐ Annual officeholder's or state employee's report	☐ Newly appointed to office or position

ITEM 3 | OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See IB 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>CLERK OF THE DISTRICT COURT</u>	Term: <u>2019 - 2022</u>
	BEGINS ENDS
Name of City, County, District, or State Agency: <u>HASTINGS, ADAMS COUNTY, NEBRASKA</u>	

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

List the office sought which requires this filing.

Office: <u>CLERK OF THE DISTRICT COURT</u>
Name of City, County, District, or State Office: <u>HASTINGS, ADAMS COUNY, NEBRASKA</u>

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, <u>2021</u>	
☐ 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.) ADAMS COUNTY (CURRENT CLERK OF THE DISTRICT COURT) (PUBLIC SERVANT) 1a.)

500 WEST 4TH STREET

HASTINGS NE 68901

2.) RICHARD MEESTER (HUSBANDS EMPLOYER)(FARM) 2a.)

31720 ROAD F

HARVAD NE 68944

3.) MICHAEL BAUER 3a.)

828 RICHMOND AVENUE

HASTINGS NE 68901

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.) RICHARD MEESTER 1a.)

31720 ROAD F

HARVARDNE 68944

2.) MICHAEL J BAUER 2a.)

828 RICHMOND AVENUE

HASTINGS NE 68901

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 <i>not</i> 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		
N/A		
ITEM 9	OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD	
(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.		
Financial Institution		Address
If you have nothing to report, write NONE		
HERITAGE BANK FIVE POINTS BANK WELLS FARGO		800 WEST 3 RD STREET HASTINGS NE 68901 320 SOUTH BURLINGTON AVEUE HASTNIGS NE 68901 747 NORTH BURLINGTON AVENUE HASTINGS NE 68901
(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		
(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		
ADAMS COUNTY RETIREMENT PLAN TRANSAMERICA -LIFE INSURANCE THRIVANT FINANCIAL - TRADITIONAL IRA AMERICAN FUNDS - SIMPLE IRA ALL STATE LIFE INSURANCE - LIFE INSURANCE		

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.		
Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need not be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need not be reported.			
Name		Address	
If you have nothing to report, write NONE			
FORD CREDIT		POST OFFICE BOX 650575 DALLAS TX 75265	

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

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

PARTISAN (PRIMARY ELECTION) CANDIDATE FILING FORM

For Official Use Only

Instructions: Please complete the form in its entirety, by printing the information requested in the spaces provided. Incomplete forms could delay the effective date of your filing. Be sure the form is legible. Do not sign the form until you are in front of a notary public or elections official. **If you have any questions, contact your local Election Commissioner or County Clerk.**

*Pursuant to Nebraska State Statute §32-111, an incumbent is defined as a "person whom the canvassers or the courts declare elected to an elective office or who has been appointed to an elective office." A candidate who currently holds **any** elected office is considered an incumbent, therefore the incumbent deadline applies.

Filing Periods: INCUMBENT*: JANUARY 5, 2022 to FEBRUARY 15, 2022
NONINCUMBENT: JANUARY 5, 2022 to MARCH 1, 2022

Time:

Initials:



Check here if an incumbent*

Required Information

Registered Voter's Name: Amanda L. Bauer Adams
(First, Middle Initial, Last) (County of Residence)

Registered Voter's Address: 828 Richmond Ave Hastings NE 68901
(Street address where you reside & are registered to vote) (City) (State) (Zip)

Phone Number: 4029843628 or _____
(Home) (Cellular)

I declare that I am a Republican candidate for the office of Clerk of District Court District _____
(Party Affiliation)

for a term of 4 years and request that my name Amanda L. Bauer
(Print name as it is to appear on the ballot. - See reverse side for information.)

be placed on the official ballot for the primary election to be held the 10th day of May, 2022.

To assist with proper pronunciation of your name on the ballot reading device, please provide the "rhymes-with" word or phonetic spelling or both.
Ex.: Sue Jahn = Sue Hahn (rhymes with fawn) or William Mishaud = mee-SHO ('d' is silent) or Tanya Monte = TAWN -yuh (not TAN) mahn-TEA

(Spoken Spelling Required)



By checking this box, I state that I do not owe civil penalties pursuant to the Nebraska Political Accountability and Disclosure Act; or, if civil penalties are owed, a surety bond has been filed pursuant to subdivision (4)(b) of section 32-602.

Optional Information for PUBLIC Candidate Filing List

Mailing Address: _____
(Street address or PO Box) (City) (State) (Zip)

(Alternate phone)

(Email address)

STATE OF NEBRASKA)
) ss. Adams
COUNTY OF Adams)

I hereby swear that I will abide by the laws of the State of Nebraska regarding the results of the primary and general elections, that I am a registered voter and qualified to be elected, and that I will serve if elected.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 31 day of January, 2022
(Day) (Month) (Year)



Signature of Candidate

Subscribed in my presence and sworn to before me this

31 day of January, 2022
(Day) (Month) (Year)

Officer Administering Oath

Deputy County Clerk

Title (e.g., County Clerk, Notary Public)

ADAMS COUNTY CLERK'S OFFICE
500 W. 4TH STREET
HASTINGS NEBRASKA 68901

Receipt Number: 109

Received From: AMANDA L BAUER Date:01-31-2020 Amount: \$690.54Amount:

*****690 DOLLARS AND 54 CENTS

Collected By: SARA BLUM

CLERK OF DISTRICT COURT

Source: Credit To:
0100-371-06 POLITICAL FILING FEES

690.54

Ramona Thomas
County Clerk

SB