

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 MICROFILM NUMBER OFFICE USE ONLY RECEIVED JAN 06 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION																														
- Candidates for designated offices and holders of designated offices and positions must file this statement. See Sections 1A and 1B of the instructions. - Candidates (including incumbents) subject to this filing requirement must file with the Commission and with the appropriate election official (See Instructions). - Designated officeholders and holders of designated positions must file this statement with the Commission annually. - Dollar values need not be report for any item, except Item 11. - Persons who fail to file as required are subject to a civil penalty of up to \$2,000.																																
ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER																																
<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">Name</td><td style="width: 30%; border-bottom: 1px solid black;">Foley</td><td style="width: 30%; border-bottom: 1px solid black;">Mike</td><td style="width: 10%; border-bottom: 1px solid black;">Telephone No.</td><td style="width: 20%; border-bottom: 1px solid black;">402-840-7595</td></tr><tr><td></td><td style="text-align: center; font-size: small;">LAST</td><td style="text-align: center; font-size: small;">FIRST</td><td style="text-align: center; font-size: small;">MIDDLE</td><td></td></tr><tr><td>Address</td><td colspan="3" style="border-bottom: 1px solid black;">6410 South 41st Street Court</td><td style="border-bottom: 1px solid black;">Lincoln</td></tr><tr><td></td><td colspan="3" style="text-align: center; font-size: small;">STREET ADDRESS OR RURAL ROUTE</td><td style="text-align: center; font-size: small;">CITY</td></tr><tr><td></td><td></td><td></td><td style="text-align: center; font-size: small;">STATE</td><td style="text-align: center; font-size: small;">ZIP CODE</td></tr><tr><td></td><td></td><td></td><td style="border-bottom: 1px solid black;">NE</td><td style="border-bottom: 1px solid black;">68516</td></tr></table>			Name	Foley	Mike	Telephone No.	402-840-7595		LAST	FIRST	MIDDLE		Address	6410 South 41st Street Court			Lincoln		STREET ADDRESS OR RURAL ROUTE			CITY				STATE	ZIP CODE				NE	68516
Name	Foley	Mike	Telephone No.	402-840-7595																												
	LAST	FIRST	MIDDLE																													
Address	6410 South 41st Street Court			Lincoln																												
	STREET ADDRESS OR RURAL ROUTE			CITY																												
			STATE	ZIP CODE																												
			NE	68516																												
ITEM 2 OCCASION FOR FILING (Check Appropriate Box)																																
<table style="width: 100%;"><tr><td>☒ A candidate for elective office</td><td>☐ Left office or position</td></tr><tr><td>☒ Annual officeholder's or state employee's report</td><td>☐ Newly appointed to office or position</td></tr></table>			☒ A candidate for elective office	☐ Left office or position	☒ Annual officeholder's or state employee's report	☐ Newly appointed to office or position																										
☒ 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. <table style="width: 100%;"><tr><td style="width: 60%;">Office or Position: <u>Lieutenant Governor</u></td><td style="width: 40%;">Term: <u>2019 - 2023</u></td></tr><tr><td></td><td style="text-align: center; font-size: small;">BEGINS ENDS</td></tr></table> Name of City, County, District, or State Agency: <u>Office of the Lieutenant Governor</u>			Office or Position: <u>Lieutenant Governor</u>	Term: <u>2019 - 2023</u>		BEGINS ENDS																										
Office or Position: <u>Lieutenant Governor</u>	Term: <u>2019 - 2023</u>																															
	BEGINS ENDS																															
ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)																																
List the office sought which requires this filing. Office: <u>Auditor of Public Accounts</u> Name of City, County, District, or State Office: <u>State of 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.) Lieutenant Governor Salary - 2018

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.) Leadership Council

1a.)

UNL Newman Center

Lincoln, NE

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 <i>not</i> be reported.)	
List all real property 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 estate 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 household 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		
None		
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		
Fidelity Investments (IRA account)		Boston, MA
Wells Fargo (IRA)		Lincoln, NE
Union Bank (checking account)		Lincoln, NE
State of Nebraska retirement account		Lincoln, NE
T. Rowe Price (IRA account)		New York, NY
Knights of Columbus (life insurance)		New Haven, CT
(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		
Shareholder: Level Three and Niocorp		
(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		

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	
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

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			
Republican Lt. Governor's Association 1201 F Street, NW Washington, DC 20004	Government Officials Association	D	Travel to meetings in Georgia and Florida during 2021
See attached list of incidental gifts received each of which was deemed to be less than \$100 in 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)

JAN 5, 2022

2021 Lt. Governor Gift List

Date of Gift	Name of Donor	Address of Donor	Occupation/Nature of Business of Donor	Circumstances/Occasion for Which Gift was Given	Gift	Value Category (A-D)
1/19/2021	Kenichi Okada, Consul General of Japan in Chicago	737 N. Michigan Avenue, Suite 1100, Chicago, IL 60611	Government	Mailed	Large Calendar	\$4-10
1/26/2021	Hong Kong Economic & trade Office	130 Montgomery Street, San Francisco, CA 94104	Government	Mailed	Large Calendar	\$4-10
1/28/2020	Lt. Govenror Billy Nungesser	Capitol Annex Building, 1051 North 3rd Street, Baton Rouge, LA 70804	Government	Via Fed Ex	King Cake	\$45.99
2/1/2021	Donald Stenberg		Individual	Dropped off at office	Eavesdropping on Lucifer by Donald Stenberg	\$12.99
2/24/2021	Nebraska Travel Assocaiton	1128 Lincoln Mall, #500, Lincoln, NE 68508	Association	Dropped off at office	Book (100 things to do in Nebraska before you die - \$18) , magnetic Chip clip, pen, chapstick,candy, rubber Lincoln statute, notepad	\$20 - 30
4/10/2021	Nebraska Admiral's Association	P.O. Box 83723, Lincoln, NE 68501	Organization	Received at event	Admiral's Assoc. baseball cap	\$4-10
6/3/2021	Nucor Steel	2911 Nucor Road, Norfolk, NE 68701	Company	Received at tour	Nucor Shirt, water bottle and book	\$15-35
6/14/2021	Big Hair Brewhaus	306 N. Broadway, Hartington, NE	Busienss	Received at tour	2 Growlers of craft beer and tshirt	\$30-40
9/7/2021	Steve and Leelee Hess	1715 Centennial Club Drive, Conway, AR 72034	Author	Received in mail	Book: Our Government is Broke! Solution: Invoke Article V of the Constitution by Steve Hess	\$10-20
10/27/2021	Senator Clements	State Capitol	Senator	Dropped off at office	Patriotic Tie	\$10-20
11/10/2021	John Witzel	905 Edgewood Blvd., Papillion, NE 68046	Author	Mailed to office	Book - Saving Bonnie by John Witzel	\$5-15
11/17/2021	Tajima Hiroshi	Counsulte-General of Japan 737 North Michigan Ave., Suite 1100, Chicago, IL 60611	Government	Received at Meeting	Candy Dish	\$5-20
11/22/2021	Jerry S. Chang, Director General	Taipei Economic and Cultural Office in Denver, 1600 Broadway, Suite 1740, Denver, CO 80202	Government	Received in mail	2022 Appointmnt Diary	\$5-10
11/29/2021	Union Pacific	No address provided	Business	Received in mail	2022 Calendar	\$1-10
12/17/2021	Madonna Rehabilitation Hospitakls Calendar	5401 South Street, Lincoln, 68506	Business	Received in mail	2022 Calendar	\$1-10

[illegible]

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 <i>Amended</i> NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;"></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 RECEIVED FEB 01 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE		MICROFILM NUMBER		OFFICE USE ONLY RECEIVED FEB 01 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION															
POSTMARK DATE																						
MICROFILM NUMBER																						
OFFICE USE ONLY RECEIVED FEB 01 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION																						
BEFORE COMPLETING READ FILING REQUIREMENTS																						
- Candidates for designated offices and holders of designated offices and positions must file this statement. See Sections 1A and 1B of the instructions. - Candidates (including incumbents) subject to this filing requirement must file with the Commission and with the appropriate election official (See Instructions). - Designated officeholders and holders of designated positions must file this statement with the Commission annually. - Dollar values need not be 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																						
<table style="width: 100%;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 30%;">Foley</td> <td style="width: 30%;">Mike</td> <td style="width: 10%;">Telephone No.</td> <td style="width: 20%;">402-840-7595</td> </tr> <tr> <td></td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td></td> </tr> <tr> <td>Address</td> <td colspan="3">6410 South 41st Street Court</td> <td>Lincoln NE 68516</td> </tr> <tr> <td></td> <td colspan="3">STREET ADDRESS OR RURAL ROUTE</td> <td>CITY STATE ZIP CODE</td> </tr> </table>			Name	Foley	Mike	Telephone No.	402-840-7595		LAST	FIRST	MIDDLE		Address	6410 South 41st Street Court			Lincoln NE 68516		STREET ADDRESS OR RURAL ROUTE			CITY STATE ZIP CODE
Name	Foley	Mike	Telephone No.	402-840-7595																		
	LAST	FIRST	MIDDLE																			
Address	6410 South 41st Street Court			Lincoln NE 68516																		
	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>Lieutenant Governor</u> Term: <u>2019 - 2023</u> BEGINS ENDS Name of City, County, District, or State Agency: <u>Office of the Lieutenant Governor</u>																						
ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)																						
List the office sought which requires this filing. Office: <u>Auditor of Public Accounts</u> Name of City, County, District, or State Office: <u>State of 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 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 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 estate 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 household 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		
None		
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		
Fidelity Investments (IRA account)		Boston, MA
Wells Fargo (IRA)		Lincoln, NE
Union Bank (checking account)		Lincoln, NE
State of Nebraska retirement account		Lincoln, NE
T. Rowe Price (IRA account)		New York, NY
Knights of Columbus (life insurance)		New Haven, CT
(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		
Shareholder: Lumen Technologies, Niocorp and Liberty Defense		
(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		

NONE

Mike Foley