

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: 20%; padding: 2px;">POSTMARK DATE</td> <td style="padding: 2px;">2-5-21</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: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px; vertical-align: bottom; padding: 5px;"> 3 JK </td> </tr> </table>	POSTMARK DATE	2-5-21	MICROFILM NUMBER		OFFICE USE ONLY		3 JK	
POSTMARK DATE	2-5-21									
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OFFICE USE ONLY										
3 JK										
BEFORE COMPLETING 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	Connealy	Theodore	T	Telephone No.	402-870-0155
	LAST	FIRST	MIDDLE		
Address	4305 County Road GH			Tekamah	NE 68061
	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: Burt County Supervisor Term: 1/1/2019-12/31/2022

BEGINS ENDS

Name of City, County, District, or State Agency: Burt County

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

List the office sought which requires this filing.

Office: County Supervisor District 3

Name of City, County, District, or State Office: Tekamah, NE District 3

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, 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.) Theodore T Connealy
4305 County Road GH
Tekamah, NE 68061

1a.) Self employed Farmer

2.) Burt County Offices
111 N. 13th
Tekamah, NE 68061

2a.) County Supervisor District 3

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.)

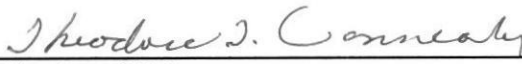
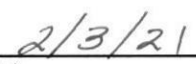
7a.)

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		
See Attached		
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		
Washington County Bank 303 S. 13 th Tekamah, NE 68061		
(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		
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		
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			
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.

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.

TAX STATEMENT

Property Description

SW4NE4&SE4NW4 (EX RD 4.98) 23-21-11
ARIZONA TWP

Acres: 62.0100

CONNEALY, THEODORE T ETUX CO-TR
4305 COUNTY ROAD GH
TEKAMAH, NE 68061-0000

Please return appropriate stub with payment

BURT COUNTY

TAX YEAR	2020
STATEMENT	3340
TAX TYPE	Real Estate
PARCEL ID	0436302100

Date Taxes Are Due	12/31/2020
1st Half Delinquent	05/01/2021
2nd Half Delinquent	09/01/2021
Net Amount Due	3,505.10
1st Half Payment	1,752.55
2nd Half Payment	1,752.55
Total Value	281,848
Homestead Value	0
Taxable Value	281,848
Total Tax	3,850.76
Homestead Credit	0.00
Non-Ag Tax Credit	0.00
Ag-Land Tax Credit	-345.66
Unused Tax Credit	0.00
Penalty	0.00
NET AMOUNT DUE	3,505.10

TAX STATEMENT

Property Description

SE4NE4&NE4SE4 2-20-11 ARIZONA TWP

Acres: 80

TED & DON
TRACY

TED - \$2376.4271
DON - \$2376.4271
TRACY

CONNEALY, THEODORE ETAL
4305 COUNTY ROAD GH
TEKAMAH, NE 68061-0000

Please return appropriate stub with payment

BURT COUNTY

TAX YEAR	2020
STATEMENT	3644
TAX TYPE	Real Estate
PARCEL ID	0437200600

Date Taxes Are Due	12/31/2020
1st Half Delinquent	05/01/2021
2nd Half Delinquent	09/01/2021
Net Amount Due	4,753.42
1st Half Payment	2,376.71
2nd Half Payment	2,376.71
Total Value	382,000
Homestead Value	0
Taxable Value	382,000
Total Tax	5,219.08
Homestead Credit	0.00
Non-Ag Tax Credit	-14.18
Ag-Land Tax Credit	-451.48
Unused Tax Credit	0.00
Penalty	0.00
NET AMOUNT DUE	4,753.42

TAX STATEMENT

Property Description

PT SW4SW4 S OF DITCH EX TR 20-21-11
ARIZONA TWP

Acres: 35.8800

CONNEALY, THEODORE S ETUX CO-TR
4305 COUNTY ROAD GH
TEKAMAH, NE 68061-0000

Please return appropriate stub with payment

BURT COUNTY

TAX YEAR	2020
STATEMENT	3235
TAX TYPE	Real Estate
PARCEL ID	0436103500

Date Taxes Are Due	12/31/2020
1st Half Delinquent	05/01/2021
2nd Half Delinquent	09/01/2021
Net Amount Due	2,318.74
1st Half Payment	1,159.37
2nd Half Payment	1,159.37
Total Value	186,453
Homestead Value	0
Taxable Value	186,453
Total Tax	2,547.42
Homestead Credit	0.00
Non-Ag Tax Credit	0.00
Ag-Land Tax Credit	-228.68
Unused Tax Credit	0.00
Penalty	0.00
NET AMOUNT DUE	2,318.74

TAX STATEMENT

Property Description

L4 EX SL1-2 19-21-11 ARIZONA TWP

Acres: 5.1200

CONNEALY, THEODORE T ETUX
CO-TRUSTEES
4305 COUNTY ROAD GH
TEKAMAH, NE 68061-0000

Please return appropriate stub with payment

BURT COUNTY

TAX YEAR	2020
STATEMENT	2366
TAX TYPE	Real Estate
PARCEL ID	0414701300

Date Taxes Are Due	12/31/2020
1st Half Delinquent	05/01/2021
2nd Half Delinquent	09/01/2021
Net Amount Due	299.82
1st Half Payment	149.91
2nd Half Payment	149.91
Total Value	24,108
Homestead Value	0
Taxable Value	24,108
Total Tax	329.40
Homestead Credit	0.00
Non-Ag Tax Credit	0.00
Ag-Land Tax Credit	-29.58
Unused Tax Credit	0.00
Penalty	0.00
NET AMOUNT DUE	299.82

TAX STATEMENT

Property Description

3.12 AC TR SW4SW4 20-21-11 ARIZONA TWP

Acres: 3.1200

CONNEALY, THEODORE T ETUX
CO-TRUSTEES
4305 COUNTY ROAD GH
TEKAMAH, NE 68061-0000

Please return appropriate stub with payment

BURT COUNTY

TAX YEAR	2020
STATEMENT	3212
TAX TYPE	Real Estate
PARCEL ID	0436102000

Date Taxes Are Due	12/31/2020
1st Half Delinquent	05/01/2021
2nd Half Delinquent	09/01/2021
Net Amount Due	390.66
1st Half Payment	195.33
2nd Half Payment	195.33
Total Value	31,057
Homestead Value	0
Taxable Value	31,057
Total Tax	424.32
Homestead Credit	0.00
Non-Ag Tax Credit	-22.16
Ag-Land Tax Credit	-11.50
Unused Tax Credit	0.00
Penalty	0.00
NET AMOUNT DUE	390.66

TAX STATEMENT

Property Description

SW4NW4&N2SW4 EX DITCH 23-21-11 ARIZONA
TWP

Acres: 114.5900

4305 COUNTY ROAD GH

CONNEALY, THEODORE T ETUX CO TR
4305 COUNTY ROAD GH
TEKAMAH, NE 68061-4003

Please return appropriate stub with payment

BURT COUNTY

TAX YEAR	2020
STATEMENT	3347
TAX TYPE	Rcal Estate
PARCEL ID	0436302900

Date Taxes Are Due	12/31/2020
1st Half Delinquent	05/01/2021
2nd Half Delinquent	09/01/2021

Net Amount Due	10,000.80
1st Half Payment	5,000.40
2nd Half Payment	5,000.40

Total Value	800,115
Homestead Value	0
Taxable Value	800,115

Total Tax	10,931.56
Homestead Credit	0.00
Non-Ag Tax Credit	-252.68
Ag-Land Tax Credit	-678.08
Unused Tax Credit	0.00
Penalty	0.00

NET AMOUNT DUE	10,000.80
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