

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------|--------------|----------------------------------------------------------------------------|------|-------|--------|--|--|---------|--------------------------------|--|--|-----------|----------|--|-------------------------------|--|--|------|----------------|
| <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;">2/9/22</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="text-align: center; padding: 10px;">           FEB 11 2022<br/><br/>           NEBRASKA ACCOUNTABILITY<br/>and<br/>DISCLOSURE COMMISSION         </td> </tr> </table> | POSTMARK<br>DATE                                                    | 2/9/22                                           | MICROFILM<br>NUMBER                                                                  |                                                                | OFFICE USE ONLY |              | FEB 11 2022<br><br>NEBRASKA ACCOUNTABILITY<br>and<br>DISCLOSURE COMMISSION |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2/9/22                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| MICROFILM<br>NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| FEB 11 2022<br><br>NEBRASKA ACCOUNTABILITY<br>and<br>DISCLOSURE COMMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| 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%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Voichoskie</td> <td style="width: 10%; border-bottom: 1px solid black;">Robert</td> <td style="width: 10%; border-bottom: 1px solid black;">R</td> <td style="width: 20%;">Telephone No.</td> <td style="width: 20%; border-bottom: 1px solid black;">308-624-0094</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> <td></td> </tr> <tr> <td>Address</td> <td colspan="3" style="border-bottom: 1px solid black;">53493 S. 320<sup>th</sup> Ave</td> <td style="border-bottom: 1px solid black;">Fullerton</td> <td style="border-bottom: 1px solid black;">NE 68638</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> <td style="text-align: center; font-size: small;">STATE ZIP CODE</td> </tr> </table> |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name                                                                | Voichoskie                                       | Robert                                                                               | R                                                              | Telephone No.   | 308-624-0094 |                                                                            | LAST | FIRST | MIDDLE |  |  | Address | 53493 S. 320 <sup>th</sup> Ave |  |  | Fullerton | NE 68638 |  | STREET ADDRESS OR RURAL ROUTE |  |  | CITY | STATE ZIP CODE |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Voichoskie                                                                                                                  | Robert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | R                                                                   | Telephone No.                                    | 308-624-0094                                                                         |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LAST                                                                                                                        | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIDDLE                                                              |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 53493 S. 320 <sup>th</sup> Ave                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | Fullerton                                        | NE 68638                                                                             |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS OR RURAL ROUTE                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | CITY                                             | STATE ZIP CODE                                                                       |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| <b>ITEM 2   OCCASION FOR FILING (Check Appropriate Box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> A candidate for elective office</td> <td><input type="checkbox"/> Left office or position</td> </tr> <tr> <td><input checked="" type="checkbox"/> Annual officeholder's or state employee's report</td> <td><input type="checkbox"/> Newly appointed to office or position</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> A candidate for elective office | <input type="checkbox"/> Left office or position | <input checked="" type="checkbox"/> Annual officeholder's or state employee's report | <input type="checkbox"/> Newly appointed to office or position |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| <input checked="" type="checkbox"/> A candidate for elective office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Left office or position                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| <input checked="" type="checkbox"/> Annual officeholder's or state employee's report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input 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>County Supervisor</u> Term: <u>Jan. 2019-Jan.2023</u><br><div style="text-align: right; font-size: small;">BEGINS                      ENDS</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| Name of City, County, District, or State Agency: <u>Nance County</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| <b>ITEM 4   OFFICE SOUGHT (Candidates only. See 1A of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| List the office sought which requires this filing.<br>Office: <u>County Supervisor</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| Name of City, County, District, or State Office: <u>Nance County</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| <b>ITEM 5   PERIOD COVERED BY THIS STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| This statement must cover all financial interests for the entire " <b>preceding calendar year</b> " 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>2021</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |
| <input type="checkbox"/> Left office, this statement covers the period January 1, _____ to _____<br><div style="text-align: right; font-size: small;">(DATE YOU LEFT OFFICE OR POSITION)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                  |                                                                                      |                                                                |                 |              |                                                                            |      |       |        |  |  |         |                                |  |  |           |          |  |                               |  |  |      |                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ITEM 6 SOURCES OF INCOME OF OVER \$1,000</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 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. |
| <b>List your Government position if you were paid more than \$1,000.</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                        |
| 1.) Farm                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1a.) Farming                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 2.) Nance County                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2a.) Supervisor                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 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.                                                                                                                                                                                                        |                                                                                                                                                                                        |
| <b>ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
| 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 <b>not</b> report business associations which are otherwise listed under Item 6. |                                                                                                                                                                                        |
| Name and Address of Business or Organization.                                                                                                                                                                                                                                                                                                                                                                                                          | Nature of Association                                                                                                                                                                  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                        |
| 1.) None                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 4.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 5.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 6.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 7.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |

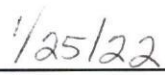
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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>                           |                                                                                           |
| 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.                                                                                                                                                    |                                                                                                                                                                              |                                                                                           |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| N 1/2 of Section 10, Township 16 North, Ragne 5, Nance County, Nebraska                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              | Farm                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Genoa Community Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              | Genoa, Nebraska 68640                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
| (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>                                                                                                                                                                                                                                                                                     |                                                                                                              |         |  |
| None                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |         |  |

|                                                  |                                                                                                                                                         |                               |                                                            |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------|
| <b>ITEM 11</b>                                   | <b>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</b> |                               |                                                            |
| 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:                 |                                                            |
|                                                  |                                                                                                                                                         | 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)                                                                               |  |

**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.