

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED FEB 14 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE		MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED FEB 14 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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• Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission. See Sections 1A and 1B of the instructions.

• Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions).

• Designated officeholders and holders of designated positions must file this statement with the Commission annually.

• Dollar values need not be report for any item, except Item 11.

• Persons who fail to file as required are subject to a civil penalty of up to \$2,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name	Mollhoff	Janece	Mari	Telephone No.	402-871-8260
	LAST	FIRST	MIDDLE		
Address	2354 Euclid St			Ashland	NE 68003
	STREET ADDRESS OR RURAL ROUTE			CITY	STATE ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

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

ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)

List the office or position you currently hold which requires this filing. If you have left office, list the office you held.

Office or Position: OPPD Board of Directors Term: 2019 to 2023

BEGINS ENDS

Name of City, County, District, or State Agency: Subdivision 7

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

List the office sought which requires this filing.

Office: _____

Name of City, County, District, or State Office: _____

ITEM 5 PERIOD COVERED BY THIS STATEMENT

This statement must cover all financial interests for the entire "**preceding calendar year**" and not just as of year-end. If you have left office, this statement must cover all financial interests from the end of the calendar year for which you previously filed up to and including the date you left office.

☒ This statement covers the **preceding calendar year** January 1 through December 31, 2021

☐ Left office, this statement covers the period January 1, _____ to _____

(DATE YOU LEFT OFFICE OR POSITION)

jm

ITEM 6	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your
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ITEM 6 SOURCES OF INCOME OF OVER \$1,000

Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)

Name and address of any source* (including an individual, business, body of government, political subdivision or body corporate) from which income of over \$1,000 was received.

List the nature of the source's business and the nature of the services you rendered or the circumstances under which income was received. NOTE: Do not list the amount of the income.

List your Government position if you were paid more than \$1,000.

- | | | | |
|-----|---|------|------------------------------|
| 1.) | OPPD Board of Directors
444 South 16th Street Mall
Omaha, NE 68102 | 1a.) | Director |
| 2.) | Defense Finance and Accounting Service
8899 E. 56 th St
Indianapolis, IN 46249 | 2a.) | U.S. Military Retirement Pay |
| 3.) | Social Security Administration
601 E. 12 th St.
Kansas City, MO 64106 | 3a.) | Social Security Benefit |
| 4.) | | 4a.) | |

*NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY, OPERATION OF OR PARTICIPATION IN A PROPRIETORSHIP, PARTNERSHIP, CORPORATION OR OTHER PERSON, LIST THE SAME AS THE SOURCE OF INCOME, BUT NOT THE PATRONS, CUSTOMERS, PATIENTS, OR CLIENTS THEREOF.

ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)Name and address of all businesses, organizations, or associations (profit and non-profit) with which you held a position of officer, director, limited liability company member, partner, or stockholder and any entity in which you held a position of trustee. Such reporting is required based on the position held, not on whether income was received. You need **not** report business associations which are otherwise listed under Item 6.

Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE

- | | | | |
|-----|------|------|--|
| 1.) | None | 1a.) | |
| 2.) | | 2a.) | |
| 3.) | | 3a.) | |
| 4.) | | 4a.) | |
| 5.) | | 5a.) | |
| 6.) | | 6a.) | |
| 7.) | | 7a.) | |

Jim

Commonwealth Financial Network Roth IRA/IRA 29 Sawyer Rd, Waltham, MA 02453

- TIAA-CREF Core Impact Bond Institutional CI
- Brown Advisory Sustainable Growth Fund Institutional Shares
- Calvert U.S. Large-Cap Value Responsible Index Fund CI I
- PIMCO Low Duration Esg Fund Institutional CI
- Parnassus Core Equity Fund- Institutional Shares
- Parnassus Mid-Cap Fund Institutional Shares
- Boston Trust Walden Small-Cap Fund
- Pax High-Yield Bond Fund Institutional CL
- Hartford Schroeders emerging Markets Equity Fund CI I
- iShares TR ESG AW MSCI EAFE
- Advisory Retirement Sweep Program

- Advisory Retirement Sweep Program
- Fidelity Large-Cap Growth Index Fund
- Fidelity Global Ex U.S. Index Fund
- Fidelity Large-Cap Value Index Fund
- Fidelity U.S. Bond Index Fund
- Fidelity Mid-Cap Index Fund
- Fidelity Small-Cap Index Fund
- Fidelity Cons Income Bond Institutional CI

Nationwide Deferred Annuity Joint
Del Ivy VIP Pathfinder Moderate II

Securian Minnesota Life Annuity Services 400 Robert Street N, St Paul, MN 55101

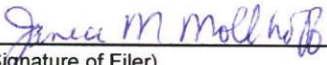
Del Ivy VIP Pathfinder Moderate Managed Vol
Del Ivy VIP Pathfinder Moderate Cons Managed Vol
Del Ivy VIP Government Money Market
Del Ivy VIP Limited Term Bond
Del Ivy VIP Corp Bond
Del Ivy VIP Science & Technology
Del Ivy VIP Small-Cap Growth
Del Ivy VIP Core Equity
Del Ivy VIP Mid-Cap Growth
Del Ivy VIP Global Equity Income
Del Ivy VIP Balanced

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

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

The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:
 A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12	SIGNATURE OF FILER AND DATE.
I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.	
 (Signature of Filer)	2-14-2022 (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.