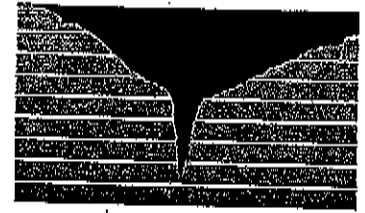


Fax

CHIMNEY ROCK PUBLIC POWER DISTRICT
128 WEST 8TH STREET
P.O. BOX 608
BAYARD, NEBRASKA 69334
TELEPHONE: 308-586-1824
FAX: 308-586-2511



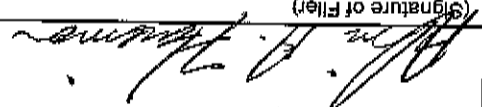
To: *Nebraska Accountability*
And District Council
Fax: 1-402-471-6599
Pages: 4 + Cover
Date: 2-15-2022
Re:
cc:
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle
Comments:

NEBRASKA DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2622 www.nadc.nebraska.gov		STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1		FEB 15 2022 RECEIVED NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
POSTMARK DATE MICROFILM NUMBER		OFFICE USE ONLY			
• Candidates for 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 reported for any item, except item 11. • Persons who fail to file as required are subject to a civil penalty of up to \$2,000.					
ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER Name: <u>Harmon Alvin A.</u> Telephone No. <u>308-586-1294</u> LAST <u>Harmon</u> FIRST <u>Alvin</u> MIDDLE <u>A.</u> Address: <u>631 E. 5th St.</u> STREET ADDRESS OR RURAL ROUTE <u>Bayard</u> CITY <u>Ne.</u> STATE <u>69334</u> ZIP CODE					
ITEM 2 OCCASION FOR FILING (Check Appropriate Box) ☐ A candidate for elective office ☒ Annual officeholder's or state employee's report ☐ Left office or position ☐ 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: <u>General Manager</u> Term: <u>2018</u> Name of City, County, District, or State Agency: <u>Chimney Rock Public Power</u> BEGINS <u>ENDS</u>					
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, <u>2021</u> ☐ Left office, this statement covers the period January 1, _____ to _____ (DATE YOU LEFT OFFICE OR POSITION)					

ITEM 6 SOURCES OF INCOME OF OVER \$1,000																	
Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions) Name and address of any source* (including an individual, business, body of government, political subdivision or body corporate) from which income of over \$1,000 was received. List the nature of the source's business and the nature of the services you rendered or the circumstances under which income was received. NOTE: Do not list the amount of the income.	1.) Chimney Rock Public Power 128 West 8th St. Bayard No. 69334 2.) 3.) 4.)																
*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. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name and Address of Business or Organization.</th> <th style="width: 50%;">Nature of Association</th> </tr> </thead> <tbody> <tr> <td>1.) none</td> <td>1a.) none</td> </tr> <tr> <td>2.) none</td> <td>2a.) none</td> </tr> <tr> <td>3.)</td> <td>3a.)</td> </tr> <tr> <td>4.)</td> <td>4a.)</td> </tr> <tr> <td>5.)</td> <td>5a.)</td> </tr> <tr> <td>6.)</td> <td>6a.)</td> </tr> <tr> <td>7.)</td> <td>7a.)</td> </tr> </tbody> </table>		Name and Address of Business or Organization.	Nature of Association	1.) none	1a.) none	2.) none	2a.) none	3.)	3a.)	4.)	4a.)	5.)	5a.)	6.)	6a.)	7.)	7a.)
Name and Address of Business or Organization.	Nature of Association																
1.) none	1a.) none																
2.) none	2a.) none																
3.)	3a.)																
4.)	4a.)																
5.)	5a.)																
6.)	6a.)																
7.)	7a.)																
If you have nothing to report, write NONE																	

ITEM 8 REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need not be reported.)									
List all real property in Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need not report real property owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house and adjacent land used for house-hold purposes, such as lawns and gardens.									
Location of Property (Description or Address)	Nature of Property (such as: agricultural, commercial, industrial, residential-rental)								
If you have nothing to report, write NONE									
ITEM 9 OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD									
(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Financial Institution </td> <td style="width: 50%; vertical-align: top;"> Address </td> </tr> <tr> <td colspan="2" style="text-align: center;"> If you have nothing to report, write NONE </td> </tr> <tr> <td style="vertical-align: top;"> Platte Valley Bank </td> <td style="vertical-align: top;"> Scottsbluff, Ne. </td> </tr> <tr> <td style="vertical-align: top;"> Farmers State Bank </td> <td style="vertical-align: top;"> Bridgeport, Ne. </td> </tr> </table>		Financial Institution	Address	If you have nothing to report, write NONE		Platte Valley Bank	Scottsbluff, Ne.	Farmers State Bank	Bridgeport, Ne.
Financial Institution	Address								
If you have nothing to report, write NONE									
Platte Valley Bank	Scottsbluff, Ne.								
Farmers State Bank	Bridgeport, Ne.								
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7. none									
If you have nothing to report, write NONE									
(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange. none									
If you have nothing to report, write NONE									

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.

(Signature of Filer) 		(Date) 2-15-2022	
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.			
ITEM 12 SIGNATURE OF FILER AND DATE.			
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.			
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
	none	Choose Value:	
		Choose Value:	
		Choose Value:	
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
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			
none			
If you have nothing to report, write NONE			
Name		Address	
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.			
ITEM 10 CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.			