

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%; text-align: center; padding: 2px;">1/19/22</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED JAN 21 2022 NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	1/19/22	MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED JAN 21 2022 NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION									
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BEFORE COMPLETING READ FILING REQUIREMENTS																		
- Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission. See Sections 1A and 1B of the instructions. - Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions). - Designated officeholders and holders of designated positions must file this statement with the Commission annually. - Dollar values need not be report for any item, except Item 11. - Persons who fail to file as required are subject to a civil penalty of up to \$2,000.																		
ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER																		
<table style="width: 100%;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 40%;"><u>Weems Kent Charles</u></td> <td style="width: 10%;">Telephone No.</td> <td style="width: 40%;"><u>308 520-7777</u> <u>634-2690</u></td> </tr> <tr> <td></td> <td style="text-align: center;">LAST FIRST MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td><u>15891 E. Weems Rd.</u></td> <td><u>Stapleton</u></td> <td><u>NE 69163</u></td> </tr> <tr> <td></td> <td style="text-align: center;">STREET ADDRESS OR RURAL ROUTE</td> <td style="text-align: center;">CITY</td> <td style="text-align: center;">STATE ZIP CODE</td> </tr> </table>			Name	<u>Weems Kent Charles</u>	Telephone No.	<u>308 520-7777</u> <u>634-2690</u>		LAST FIRST MIDDLE			Address	<u>15891 E. Weems Rd.</u>	<u>Stapleton</u>	<u>NE 69163</u>		STREET ADDRESS OR RURAL ROUTE	CITY	STATE ZIP CODE
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ITEM 2 OCCASION FOR FILING (Check Appropriate Box)																		
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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>County Commissioner</u> Term: <u>1/20/19</u> <u>1/20/23</u> BEGINS ENDS																		
Name of City, County, District, or State Agency: <u>Lincoln County</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)																		

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

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.) Big Valley Cooperative
402 E 7th / Box 766
North Platte, NE 68103

1a.) Branch Manager - North Platte

2.) Self Employed Livestock owner

Cattle operation

3.) Coop Retirement plan c/o United Bank

Activity Kansas City, Mo. - Retirement - Deferred Comp.

Commissioner - Lincoln County

12. Druck # 2

5. Wells Fargo Retirement Services
Charlotte, N.C. 28262

5a 401 K (1529 West W T Harris Blvd.)

Nebraska Public Employee Retirement System

6a 1526 K St. #400
Lincoln, NE 68508

ITEM 7	BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)
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Name and Address of Business or Organization.

Nature of Association

1.) Worms Land & Livestock, Inc.
P.O. Box 158
Stapleton, NE 69163

1a.) President and stockholder

2.) LDR Lodging LLC DBA
PMI Estes Park
1184 GRAVES AVE.
Estes Park CO 80501

2a.) Vice President and stockholder

4.) _____

4a)

5.) _____

5a)

6.) _____

6a)

7.) _____

7a)

ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need <i>not</i> be reported.)	
List all real property in Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need not report real property owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house and adjacent land used for house-hold purposes, such as lawns and gardens.		
Location of Property (Description or Address)		Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
If you have nothing to report, write NONE		
NONE		
ITEM 9	OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD	
(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.		
Financial Institution		Address
If you have nothing to report, write NONE		
Community First Bank		324 Main St. Stapleton, NE 68163
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.		
If you have nothing to report, write NONE		
Walmart Stock		
(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange.		
If you have nothing to report, write NONE		

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

ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE		
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
	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)	1/3/2022 (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.

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Location of Property
(Description or Address)

Nature of Property
(such as: agricultural, commercial, industrial, residential-rental)

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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

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68163

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

If you have nothing to report, write NONE

Walmart Stock

(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do **not** include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held **primarily** for sale or exchange.

If you have nothing to report, write NONE

401K & Defined Benefit Plan

Rev Amended 2/1/22