

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	POSTMARK DATE	
		MICROFILM NUMBER	
BEFORE COMPLETING READ FILING REQUIREMENTS		OFFICE USE ONLY	
		RECEIVED FEB 22 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	

- 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	<u>Uhler</u>	<u>Troy</u>	<u>Richard</u>	Telephone No.	<u>402-841-6386</u>
	LAST	FIRST	MIDDLE		
Address	<u>2703 Parkhill Dr</u>			<u>Norfolk</u>	<u>NE 68701</u>
	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: Madison County Commissioner District #3 Term: Jan 2019 Dec 2022

BEGINS ENDS

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

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)

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.) Burger World, Inc. Po Box 2245 Norfolk, NE 68701	1a.) Fast Food - Burger King Owner
2.) REELE Fast, LLC Po Box 1001 Norfolk, NE 68701	2a.) Fast Food - Burger King Owner
3.) Double TV Properties, LLC Po Box 2245 Norfolk, NE 68701	3a.) Real Estate Business Owner
4.) Lazy U, LLC 2703 Parkhill Dr Norfolk, NE 68701 Brogi's LLC 2400 Taylor Ave Norfolk, NE 68701 TRU Snow Removal 2703 Parkhill Dr. Norfolk, NE 68701 Optavia 100 International Dr 18 th Floor Baltimore, MD 21202 Madison County Po Box 290 Madison, NE 68748-0290	4a.) RV Park Partner Drive Thru Coffee Shop Owner Snow Removal Owner Health Coach County Commissioner
*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.) Big Bang Boom, Inc. Po Box 1094 Norfolk, NE 68701	1a.) Current Board Member
2.) Norfolk Area Chamber of Commerce 609 W Norfolk Ave Norfolk, NE 68701	2a.) Past Board Member
3.) Norfolk YMCA 301 W Benjamin Ave Norfolk, NE 68701	3a.) Past Board Member and President
4.) NE Nebraska Beards & Spurs Norfolk, NE 68701	4a.) Past President

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 *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	
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	
Bank First Midwest Bank	100 N 13 th St, Norfolk, NE 68701 2501 W Benjamin Ave, Norfolk, NE 68701

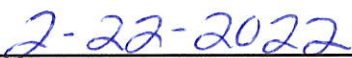
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

If you have nothing to report, write NONE	
Capital One Financial Corp, Boeing Co, Microsoft Corp Johnson & Johnson, Renewable Engery Group, Inc., Skyworks, Solutions, Inc. Union Pacific, Amazon.com Inc, AT & T Inc Inves. Co Diversified Dividend Fund CLC Berkshire Hathaway 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

M
Innesota Mutual
IRA Edward Jones
Banner Life
Prudential Life

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			
Bank First US Bank American Express First Bankcard US Dept of Education Citibank State Farm Bank Chrysler Capital Capital One Fifth Third Bank First Premier Bank		100 N 13 th St, Norfolk, NE 68701 Po Box 790117 St Louis, MO 63179-0017 Po Box 650448, Dallas, TX 75265-0448 Po Box 2557, Omaha, NE 68103-2557 Po Box 740283, Atlanta, GA 30374-0283 Po Box 78045, Phoenix, AZ 85062-8045 Po Box 3299, Milwaukee, WI 53201-3299 Po Box 660335, Dallas, TX 75266-0335 Po Box 60599, City of Industry CA 91716-0599 Po Box 630778, Cincinnati OH 45263-0778 Po Box 1348, Sioux Falls, SD 57101-1348	
ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE		
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are: A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.			
ITEM 12	SIGNATURE OF FILER AND DATE.		
I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.			
			
(Signature of Filer)		(Date)	

Criminal Penalties: Any person who files a statement knowing that information is false shall be guilty of a Class IV Felony, See §49-14,134, Nebraska Revised Statutes.