

DISCLOSURE COMMISSION
1225 L St., Suite 400
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
www.nadc.nebraska.gov

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

NADC FORM C-1

NUMBER

EM 2-27-22

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.

Amended

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name Stewart William Alexander Telephone No. 308-325-1553
LAST FIRST MIDDLE
Address 2701 N Adams Lexington Ne 68850
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: County Commissioner Term: 2023 2024
BEGINS ENDS

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

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

List the office sought which requires this filing.

Office: Dawson County Commissioner Dist. 2

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

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)

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) <i>Gaulden, Green</i> <i>302 Pacific</i> <i>Lexington, NE</i>	1a) <i>Ag Products</i>	1)
2) <i>Shof/Koski, Hwy Co</i> <i>Lexington, NE</i>	2a) <i>Ag Products</i>	2)
3) <i>USDA</i> <i>Bender, Cattle Co, Lexington, NE</i>	3a) <i>Cow & Horse Payment</i> <i>rent from stocks</i>	3)
4) <i>Diversified Ins Co</i> <i>Farmer Mutual of Neb</i>	4a) <i>Wind Damage</i> <i>Traffic Damage</i>	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 BUSINESSSES 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 officer, director, limited liability company member, partner, or stockholder. 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) <i>Gene Club Lexington</i> 1a) <i>member</i>		
2)	2a)	2)
3)	3a)	3)
4)	4a)	4)
5)	5a)	5)
6)	6a)	6)
7)	7a)	7)

ITEM 8

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	
E 1/2 of NW 1/4 27-10-20	Aq land
S 1/2 of SW 1/4 25-10-22	"
W 55 Acres of NE 1/4 10-22-36	"
1/4 interest in S 1/2 30-10-21	"
1/3 interest in cabin Plun Creek RES canyon	

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	
Great Western Bank	110 7th St Lexington Mo
Pinole Bank	Lexington Mo

(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

* GE Stock	American Retirement
Lindsey Manufacturing Stock	Dg Davidson Retirement
Wipers retirement fund	

(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

All Points Coop	Mass Mutual Bond + whole life Ins
Dg Davidson	Bonds
Country Mens	Retirement funds - Arctical Financial
Bartx Financial	Retirement funds - Arctical
Lindsey Manufacturing Stock	

ITEM 10	CREDITORS TO WHOM \$1,000 YOUR IMMEDIATE FAMILY.
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Name _____

1. <u>NAME OF DONOR</u> 2. <u>ADDRESS OF DONOR</u> 3. <u>CITY AND STATE</u> 4. <u>DATE OF GIFT</u> 5. <u>DESCRIPTION OF GIFT</u> 6. <u>AMOUNT OF GIFT</u> 7. <u>REMARKS</u>	8. <u>SOURCES OF GIFTS OF A VALUE OF \$100.00 OR MORE</u>
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11

100-100000-100000

[illegible]

A) \$100.01 to \$200; B) \$200.01 to \$500;

~~W. J. [Signature]~~

Criminal Penalties: Any person who Class IV Felony. See §49-14,134, Neb.