

NEBRASKA
ACCOUNTABILITY AND
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

2-24-20
POSTMARK
DATE

MICROFILM
NUMBER

OFFICE USE ONLY

RECEIVED

FEB 28 2020

NEBRASKA
DISCLOSURE

- 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

Brand Dean Earl Telephone No. 308-325-0396

LAST FIRST MIDDLE

Address

1210 Garfield 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: Board member Dawson Co. Wood Control Term 2024 x

BEGINS ENDS

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

Dawson Co. Wood Control

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

List the office sought which requires this filing.

Office: Board member

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

Dawson Co. Wood Control

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)

Revised January 2018

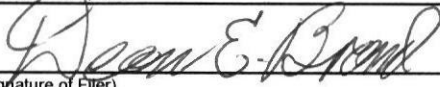
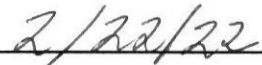
ITEM 6		SOURCES OF INCOME OF OVER \$1,000	
Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)			
Name and address of any source* (including an individual, business, body of government, political subdivision or body corporate) from 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.) Social Security	1a.)		
U.S. Government			
2.) Walking S. Cattle	2a.)		
1408 W. Prospect Rd			
Lexington, Neb. 68850			
3.) Edward Jones	3a.)		
704 N. Washington			
Lexington, NE 68850			
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.) Brand Farms LTD	1a.)		
1210 Garfield			
Lexington, Neb. 68850			
2.)	2a.)		
3.)	3a.)		
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 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		
Great Western Bank	Pinnacle Bank	
110 West 7th St.	404 Washington St	
Lexington Nebr. 68800	Lexington, Nebr. 68850	

(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	
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.	
If you have nothing to report, write NONE	
Lincoln Benefit Life Co. Box 1538 Jacksonville, FL 62651	

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	
Great Western Bank	
110 West 7th St.	
Lexington Nebr. 68850	

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		
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.

General Information - Filing Requirements

I. Who Should File:

A. Candidates for the offices of Governor, Lt. Governor, Attorney General, Auditor of Public Accounts, Secretary of State, State Treasurer, State Board of Education, Public Service Commission, Board of Regents of the University of Nebraska, State Legislature, Board of Directors of a Public Power District, Mayor and City Council of the cities of Omaha and Lincoln, and any elective county office.

B. Officeholders

1. Any person holding an office listed in 1A above.
2. A member of a land use planning commission or zoning commission of any county with a population of more than 100,000 residents.
3. State officeholders, state officials and state employees specified in §49-1493 of the Nebraska Statutes or Title 4, Chapter 2 of the Commission's rules and regulations.

II. When and Where to File:

A. Candidates for the elective offices listed in 1A, above, should file with the Commission by **March 1st** of the year of the election. The filing must cover the calendar year prior to the election. **Failure to file a Statement of Financial Interests as required may result in the candidate's name not appearing on the ballot.**

B. Special Note: A candidate who files during the calendar year before the election to appear on the ballot must file two Statements with the Commission. The first must cover the calendar year prior to the date of filing to appear on the ballot. The second must be filed by **March 1st** of the year of the election and must cover the calendar year prior to the year of the election. **Failure to file a Statement of Financial Interests as required may result**