

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;"><i>HD</i></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 MAR 01 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	<i>HD</i>	MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED MAR 01 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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RECEIVED MAR 01 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION										
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

Name	Hallgren	Elizabeth	Annis Foley	Telephone No.	402-707-8024
	LAST	FIRST	MIDDLE		
Address	8604 Broadmoor Drive			Omaha	NE 68114
	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: _____ Term: _____

BEGINS ENDS

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

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

List the office sought which requires this filing.

Office: State Senator

Name of City, County, District, or State Office: Legislative District 6

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.) Elizabeth Hallgren sole proprietorship

1a.) Business consulting and advising services

2.) Midland University
11213 Davenport St., S100
Omaha, NE 68154

2a.) Adjunct Instructor

3.)

3a.)

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 NONE1.) Mission Direct Primary Care, PC
8604 Broadmoor Drive
Omaha, NE 68114

1a.) Secretary

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)

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)		March 1, 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.

Hallgren, Elizabeth Investment Accounts

TIAA-Cref
9140 W Dodge Rd.
Omaha, NE 68114

403B TIAA-Cref
 Lifecycle Index 2010 Fund Institutional
 Lifecycle Index 2035 Fund Institutional

TD Ameritrade
200 S 108th Ave.
Omaha, NE 68118

Individual 401(k) TD Ameritrade
 iShares Preferred & Income Securities ETF
 SPDR Portfolio Developed World ex-US ETF
Roth 401(k) TD Ameritrade
 SPDR Portfolio S&P 1500 Composite Stock Market ETF
 Vanguard Total International Stock ETF
Roth IRA TD Ameritrade
 Vanguard Total Bond Market ETF
 DFA Emerging Markets Core Equity Portfolio
 DFA International Core Equity Portfolio
 The Merger Fund
 Vanguard Short-term Treasury ETF
 Vanguard Total World Stock ETF
 Vanguard Total Stock Market ETF
Institutional Investment Account - TDAmeritrade
 The Merger Fund
 Schwab International Index Fund - Select Shares
 Schwab Total Market Index Fund Select Shares